No. 5645 P. 61/178 Page 1 of 1

Tribble, Wanda R

Sex:F

BD:09/26/1940

MR#:000013715

Print this Page PT#:32350524

FINE NEEDLE

Aug 22, 2005 12:29

Patient: TRIBBLE, WANDA R. Case #: FN05-493 FINE NEEDLE BIOPSY Source of Specimen(s) A: Left Breast Mass FNA

DIAGNOSIS

Breast, left, fine needle aspiration: Highly suspicious for carcinoma, see comment.

Cytologic features highly suggestive of invasive lobular carcinoma are present. Confirmation by tissue biopsy (core or excision) is recommended for confirmation.

Dr. Sibley has reviewed this case and concurs. Dr. Robertson was informed on 9/23/05.

Examination and Diagnosis by: Fatrick N. Costello, MD Electronic Signature, 8/23/2005

Clinical History

History of right breast carcinoma, has a 1.1 cm lesion in the left breast which is solid, palpable, and there is high clinical suspicion of malignancy.

Gross Description

25 ml fluid in flaative and six spray-flaed slides were received for pap stain. An autocyte slide was prepared. Cell block was prepared and two H \T\ E slides were cut.

Microscopic Description

The smeared slides and the autocyte slide show an monotonous population of atypical epithelial cells, which show poor cluster formation, numerous background single cells, and mild cytologic atypia. These cells have high NC ratio, mild nuclear variability, and irregular chromatin pattern. They have scant cytoplasm, which frequently shows eccentricity and a vacuole. In the background, there is no evidence of a secondary population, no stromal fragments. The cell block does not show intact tissue, but shows clusters of epithelial cells similar to those described on the smears,

Page created: Thursday, October 13, 2005 11:40 AM For: POSDLW

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No. 5645

P. 62/178 Page 1 01 1

Tribble, Wanda R

Sex:F

BD:09/26/1940

MR#:000013715

Print this Page

GYN CYTOLOGY

May 19, 2005 10:17

Patient: TRIBBLE, WANDA R.

Case #: P05-11393

GYNECOLOGIC CYTOLOGY (PAP SMEAR)

Source of Specimen(s)

A: Cervical/Endocervical Liquid based specimen

RESULT/ INTERPRETATION

NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY.

Specimen Adequacy: Satisfactory for evaluation.

Endocervical transformation zone is present.

Screened by: Angie Davis, CT(ASCP)
Verified by: Angie Davis, CT(ASCP)
Electronic Signature, 5/25/2005
The Pap smear is a screening test and may not detect all cases of cervical cancer and its precursors. False negative and false positive results may occur. A negative Pap smear does not rule out cervicovaginal disease.
Automated screening and manual rescreening of Pap smears is available upon request.

Clinical History
Date of Last Menstrual Period: 7/1903
Other Clinical Conditions: Other: Prev abn cells

Page created: Thursday, October 13, 2006 11:41 AM For: POSDLW

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No. 5645 P. 63/178 rage 1 or 1

Tribble, Wanda R

Sex:F

BD:09/26/1940

MR#:000013715

Print this Page PT#:32350524

SURG PATH

Jan 20, 2005 07:52

Patient: TRIBBLE, WANDA R. Case #: 805-1256 SURGICAL PATHOLOGY Source of Specimen(s) A: Mass left breast

DIAGNOSIS

Left breast, wide local excision;

- 1. Intraductal papilloma.
- 2. Hemorrhage, fat necrosis, and repair.
- 3. No evidence of in-situ carcinoma or invasive malignancy.

I assume the reactive changes are reflective of the recent mammotome directed biopsies in this breast. I see no evidence of in-situ or invasive malignancy.

Examination and Diagnosis by: David A. Sibley, MD Electronic Signature, 1/24/2005

Clinical History

Please send copy of radiograph back to Room 1, to Dr. Robertson. Gross Description

- I. GENERAL
- A. Label: mass left breast
- B. Fixative: formalin
- C. Mammogram; a radiograph and ultrasound photograph accompanied the
- D. Orientation: not given
- E. Dimensions: $3.0 \times 2.0 \times 1.7 \text{ cm}$
- F. Skin ellipse: not present
- G, Localization needle: a localization wire is identified
- H. External appearance: firm, tan, fibrous tissue with a small amount of yellow adipose tissue
- Ink: black
- II. NON-TUMOR BREAST TISSUE
- A. Description: the cut surface reveals a firm, tan, multi-nodular surface with an eccentric, cystic cavity measuring $1.5 \times 0.6 \times 0.6 \times 0.6$ cm, which contains red-brown clotted blood. This cystic cavity grossly approaches the nearest surgical margin by 0.1 cm. The specimen is sequentially submitted . in its entirety from the localization wire toward the radio-opaque clip in A1 (2), A2 (2), A3-A6 (1 each) and A7 (2), TERESA BARKER, PA: 1/21/2005

Page created: Thursday, October 13, 2005 11:41 AM For: POSDLW

Top of Page

8014102 AREA/ROUTE/ŠTÖP: QTRIO02 MCLEOD CANCER & BLOOD CENTER SUITE 401 310 N STATE OF FRANKLIN RD JOHNSON CITY, TN 37604-6008



L^BORAT^{No. 5645}=pc^P...64/178

PATIENT NAME PATIENT IO ROOM NO. \$EX PHYSICIAN TRIBBLE, WANDA 944 63 LAMB, M RAY PAGE REQUISITION NO. ACCESSION NO. LAB REF. # COLLECTION DATE & TIME LOG-IN-DATE REPORT DATE & TIME AT985403V 2819198 04232004 1:00 PM 04232004 04242004 5: REMARKS

EA.

95#: 408-68-9136					FASTINO:
REPORT STATUS ETNIOL	TEST		SULT	UNITS	REFERENCE
HEPORT STATUS FINAL	7001	IN HANGE	OUT OF RANGE	UNITS	RANGE (
Date of Birth: 09/2	56 /10A0				
COMPREHENSIVE METAI					
PANEL	.0010				•
GLUCOSE			155 H	MG/DL	/E 00
			100 H		65-99 EFERENCE INTERVAL
UREA NITROGEN (BU	(NL	•	6 L	MG/DL	7~25
CREATININE		0.8	~ 	MG/DL	0.5-1.2
BUN/CREATININE RA	ATIO	8		(CALC)	6-25
SODIUM		139		MMOL/L	135~146
POTASSIUM		4, 5		MMOL/L	3.5-5.3
CHLORIDE		103		MMOL/L	98-110
CARBON DIOXIDE		23		MMOL/L	21-33
CALCIUM		10.1		MG/DL	8.5-10.4
PROTEIN, TOTAL		7.7		G/DL	6.0~8.3
ALBUMIN		4.6		G/DL	3.2-4.6
GLOBULIN		3.1		G/DL (CALC)	2.2-4.2
ALBUMIN/GLOBULIN	RATIO	1.5		(CALC)	0.8-2.0
BILIRUBIN, TOTAL		O _# 4		MG/DL	0,2-1.3
ALKALINE PHOSPHAT	ASE	109		U/L	20-125
AST		24		U/L	2-35
ALT		37		U/L	2-40

>> END OF REPORT - TRIBBLE, WANDA AT985403V ((

B014102 AREA/ROUTE/S 3: QTR1002 MCLEOD CANCER & BLOOD CENTER SUITE 401 310 N STATE OF FRANKLIN RD JOHNSON CITY, TN 37604-6008



EAS

PATIENT NAME PATIENT ID ROOM NO. AGE θEX PHYSICIAN TRIBBLE, WANDA 62 F LAMB, M RAY PAGE REQUISITION NO. 0148766 ACCESSION NO. LAB REF. # COLLECTION DATE & TIME LOG-IN-DATE REPORT DATE & TIME AT316112M 04252003 2:00 PM 04252003 04262003 5:5

REMARKS

98#1 408-68-9136

2041 400-00-3130					/
REPORT STATUS FINAL	TEST	RE	SULT		REFERENCE
REPORT STATUS FINAL	1691	IN RANGE	OUT OF RANGE	UNITS	RANGE
Date of Birth: 09/26/COMPREHENSIVE METABOL PANEL GLUCOSE UREA NITROGEN (BUN) CREATININE BUN/CREATININE RATISODIUM FOTASSIUM CHLORIDE CARBON DIOXIDE CALCIUM PROTEIN, TOTAL ALBUMIN GLOBULIN RABILIRUBIN, TOTAL	TIO	8 0.8 10 142 4.1 108 25 9.4 7.0 4.3 2.7 1.6 0.4	116 H	MG/DL FASTING R MG/DL MG/DL (CALC) MMOL/L MMOL/L MMOL/L MG/DL G/DL G/DL (CALC) MG/DL	65-109 EFERENCE INTERVAL 7-25 0.5-1.2 6-25 135-146 3.5-5.3 98-110 21-33 8.5-10.4 6.0-8.3 3.2-4.6
ALKALINE PHOSPHATAS AST	E	60		U/L	20-125
			51 H	U/L	2-35
ALT			45 H	U/L	2-40

>> END OF REPORT - TRIBBLE, WANDA AT316112M ((



OPATON: 5645 OIF. 66/178

Page 6 of 60. Page ID #: 124



8014317 AREA/ROUTE/STOP: JOHO000 ROBERT G DUNWORTH, MD SUITE 25 408 STATE OF FRANKLIN RD JOHNSON CITY, TN 37604-6035

			*			
ATIENT NAME	PATIENT ID	•	ROOM NO.	AGE	SEX	PHYSICIAN
TRIBBLE, WANDA R			•	51_		DUNWORTH, ROWERT G
AGE REQUISITION NO. ACCESSION NO. LA	NB REF.#	COLLECTION DATE	TIME	LOG-IN-	DATE	REPORT DATE & TIME
1 3136624 AT656047F	·			0718	2200	2 07162002 B:19AM
REMARKS	ı					

EASTERN

TIME 88# 408~68~9136 RESULT REFERENCE SITE UNITS : REPORT STATUS IN RANGE OUT OF RANGE HANGE CODE Date of Birth: 09/26/1940 PATHOLOGY REPORT The second secon PATHOLOGY NUMBER: HS02046853 PATHOLOGY REPORT PATHOLOGICAL DIAGNOSIS: --ENDOMETRIUM (BIOPSY): SMALL AND SUPERFICIAL FRAGMENTS OF CYSTICALLY DILATED ENDOMETRIAL GLANDS AND FIBROUS STROMA. (SEE COMMENT). and the second of the second o COMMENT: Tissue submitted is scanty for endometrial evaluation. المتعلق المحام المتحام المتحام المتعلق فالموجع مورات والوالوا CLINICAL HISTORY: Abn u/s thickening endometrium on tamoxifen, postmeno TISSUE: Tamplen effe Endometrial bx GROSS DESCRIPTION: Labeled 'endometrial biopsy' - received in formalin is a $1.5 \times 1 \times 1$ cm aggregate of fragmented tan-red tissues and clotted blood. The specimen is entirely submitted in one block. MICROSCOPIC DESCRIPTION: Microscopic examination supports the above diagnosis. 07/15/02 LAL/1mr L.A. LIENDO, M.D. - ELECT. SIGNATURE 11.17.11 PATHOLOGIST: (770) 934 ~ 9200 EXT - 2516 >> END OF REPORT - TRIBBLE, WANDA R AT656047F ((

Case 2:12-cv-00279-JRG-DHL Document 13-4 Filed 08/1#12

LABORATORY CORPORATION OF AMERICA

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATU	JS	
073-045-0730-0	S	BN	COMPLETE	Page	#: 1
	A	DDITIONAL INFO	RMATION		
SS#408689136 KINCAID W	1	FASTIN PHONE: 000-926-10	IG: N 104 DOB: 9/26/19	940	
PATII	NT NAMI	2 -	SEX A	GE(YR/M	OS.)
TRIBBLE,WAI	NDA R		F	61 /	5
PT. ADD.: 119WC	ODLAND	RD.		 -	
Johnson	n City	TN	37601-000	0	
DATE OF SPECIME	N TIME	PATE RECEIVE	DATE REPORT	ED TIMI	<u>e</u>
3/14/2002	13:51	3/14/2002	3/15/2002	5:38	4000
		.i	_J		1

CLINICAL	INFORMATION
C	CD- 91046620134
PHYSICIAN ID. KINCAID	PATIENT ID: 003377 00
ACCOUNT: MCCLEOL	NO NORM

310 STATE OF FRANKLIN RD SUITE 401 TN 37604-6063 ACCOUNT NUMBER: 41600170

TEST	RES	SULT	Limits	LAB
COMP. METABOLIC PANEL (14)				
Glucose, Serum	84	mg/dL	65 - 109	BN
BUN	7	mg/dL	5 - 26	BN
Creatinine, Serum	، 8	mg/dL	,5 - 1.5	BN
BUN/Creatinine Ratio	8	-	•	
Sodium, Serum	140	mmol/L	135 - 148	BN
Potassium, Serum	4.4	mmol/L	3.5 - 5.5	BN
Chloride, Serum	101	mmol/L	96 - 109	BN
Carbon Dioxide, Total	25	mmol/L	20 - 32 '	หล
Calcium, Serum	9.4	mg/dL	8.5 - 10.6	BN
Protein, Total, Serum	7.0	g/dL	6.0 - 8,5	BN
Albumin, Serum	4.4	g/dL	3.6 - 4,8	BN
Globulin, Total	2.6	g/dL	1.5 - 4.5	
A/G Ratio	1.6		1.1 - 2.5	
Bilirubin, Total	ستحر	mg/dL	.1 - 1.2	BN
Alkaline Phosphatase, Serum	6 9	1t)/L	25 - 165	BN
AST (SGOT)	/49 H	J0/L	0 = 40	BN
ALT (SGPT)	/ 43 H	/IU/L	0 = 40	ΈN:

LAB: BN LABCORP BURLINGTON

1447 YORK COURT, BURLINGTON, NC 27215-2230 DIRECTOR: FRANK HANCOCK MD

LABORATORY OPPORATION OF AMERICA

REPORT STATUS TYPE PRIMARY LAB SPECIMEN COMPLETE PAGE 1 103-045-0644-0 S BN INFORMATION ADDITIONAL SS\$408689136 PHONE: 423-926-1004 DOB: 9/26/1940 TABOR AGE (YR./MOS.) SEX TRIBBLE, WANDA R 60/6 В PT. ADD.: 119 WOODLAND RD 37601-0000 JOHNSON CITY W DATE RECEIVED DATE REPORTED TIME DATE OF SPECIMEN TIME 9:56 4/13/2001 4/17/2001 5:52 6267 4/13/2001

CLINICAL	INFORMATION CD- 9174313	0113
PHYSICIAN tabor	ID.	PATIENT ID.
MCCOUNT: MCC	CLEOD CANCER &	BLOOD CENTER
31(NKLIN RD SUITE
	INSON CITY OUNT NUMBER	

*******	TEST TEST TEST TEST TEST TEST TEST TEST	RESULT 		&LIMIT	rs;	****** 1	LAB
>	Glucose, Serum	114 H	mg/dL	65	-	109	BN
	BUN	6	mg/dL			26	BN
	Creatinine, Serum	. 9	mg/dL	. 5	_	1.5	BN
	BUN/Creatinine Ratio	6	5,				
	Sodium, Serum	140	mmol/L	135		148	BN
	Potassium, Serum	4.1	mmol/L	3.5	-	5.5	BM
	Chloride, Serum	105	mmol/L	96	-	109	BN
	Carbon Dioxide, Total	27	mmol/L	20	_	32	BN
	Calcium, Serum	9.4	mg/dL	8.5	_	10.6	BN
	Protein, Total, Serum	7.0	g/dL	6.0	_	8.5	BN
•	Albumin, Serum	4.0	g/dL	3.6	-	4.8	BN
	Globulin, Total	3.0	g/dL	1,5	-	4.5	
	A/G Ratio	1.3		1.1	_	2.5	
	Bilirubin, Total	.6	mg/dL	. 1	-	1.2	BN
•	Alkaline Phosphatase, Serum	97	IU/L	25	_	165	BN
	AST (SGOT)	29	IU/L	0	-	40	BN
	ALT (SGPT)	20	IU/L	0	_	40	\mathtt{BN}
CAN	NCER ANTIGEN (CA) 15-3		•				
0.11	Cancer Antigen 15-3	19.3	U/mL	. 0	-	31.3	BN

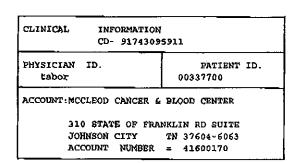
Test results were obtained by the Abbott MEIA methodology. Values obtained with different assay methodologies should not be used interchangeably in serial CA 15-3 testing. Assay results should not be interpreted as absolute evidence of the presence or absence of malignant disease.

LAB: BN LABCORP BURLINGTON DIRECTOR: FRANK HANCOCK MD 1447 YORK COURT, BURLINGTON, NC 27215-2230

LAST PAGE OF REPORT

LABORATORY OF RATION OF AMERICA

SPECIMEN TYPE PRIMARY REPORT STATUS 287-045-0662-0 COMPLETE PAGE 1 ADDITIONAL INFORMATION SS#400689136 PHONE: 423-926-1004 DOB: 9/26/1940 PATIENT NAME SEX AGE (YR./MOS.) TRIBBLE, WANDA R R F 60/ PT. ADD.: 119 WOODLAND RD JOHNSON CITY 37601-0000 date of specimen TIMB DATE RECEIVED DATE REPORTED TIME 10/13/2000 13:04 10/13/2000 10/17/2000 1749 6:16



***** CM	**************************************	RESULT		LIMITS	LAB
>	Glucose, Serum	164 H	mg/dL	65 - 109	BN
	Uric Acid, Serum	6.0	mg/dL	1.5 - 6.7	BN
	BUN	11	mg/dL	5 - 26	BN
	Creatinine, Serum	.9	mg/dL	.5 - 1.5	BN
	BUN/Creatinine Ratio	12	3,		
	Sodium, Serum	142	mEq/L	135 - 148	BN
	Potassium, Serum	4.1	mEq/L	3.5 - 5.5	BN
	Chloride, Serum	106	mEq/L	96 - 109	BN
	Osmolality (Calc)	295	mOsm/kg	275 - 295	O,.
	Calcium, Serum	9.1	mg/dL	8.5 - 10.6	BN
	Phosphorus, Serum	3.6	mg/dL	2.5 - 4.5	BN
	Protein, Total, Serum	6,3	g/dL	6.0 - 8.5	BN
	Albumin, Serum	3.7	g/dL	3.6 - 4,8	BN
	Globulin, Total	2.6	g/dL	1.5 - 4.5	
	A/G Ratio	1.4	٠,	1,1 - 2,5	-
	Bílirubin, Total	.4	mg/đL	.1 - 1.2	BN
	Alkaline Phosphatase, Seru		IU/L	25 - 165	BN
	LDH	146	IU/L	100 - 250	BN
	AST (SGOT)	32	IU/L		BN
	ALT (SGPT)	25	IU/L		BN
	GGT	21	IU/L	0 - 70	BN
	Cholesterol, Total	136	mg/dL	100 - 199	BN
	Triglycerides	149	mg/dL	_	BN
CA	NCER ANTIGEN (CA) 15-3		- ,		
	Cancer Antigen 15-3	15.4	U/mL	.0 - 31.3	BN

Test results were obtained by the Abbott MEIA methodology. Values obtained with different assay methodologies should not be used interchangeably in serial CA 15-3 testing. Assay results should not be interpreted as absolute evidence of the presence or absence of malignant disease.

LAB: BN LABCORP BURLINGTON

DIRECTOR: FRANK

HANCOCK MD

1447 YORK COURT, BURLINGTON, NC 27215-2230

LAST PAGE OF REPORT

	LABO	RATORY_OR	RATION (OF AME	RICA
SPECIMEN 287-045-0662-0	TYPE S	PRIMARY LAB BN	REPORT ST.	ATUS PAG	E 1
	A	DDITIONAL IN	HOLTANAO		
S\$#408689136		PHONE: 42	3-926-1004	DOB: 9/26	/1940
TRIBBLE, WAN	DAR R		SEX F	AGE (YR.,	/Mos.)
PT. ADD.: 119 WOODL JOHNSON C		TN		37601-	0000
	TIME 13:04	DATE RECEIVED 10/13/2000	DATE REPORTE 10/14/2000	D TIME θ:45	1723

CLINICAL	INFORMATION CD~ 917430	
PHYSICIAN tabor	ID.	PATIENT ID. 00337700
		r blood center whilh RD buite
TOT	INSON CLTY	TN 37604-6063

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	P12+7AC	RESULT		LIMITS	LAB
>	Glucose, Serum	164 H	mq/dL	65 - 109	BN
-	Uric Acid, Serum	6.0	mg/dL	1.5 - 6.7	BN
	0220 March Dollar.	•••		OCTOBER 30, 2000***	224
				ence interval	
				hanging to:	
	•		Male Male		
			Male Female	2.4-8.2 mg/dL	
	DINI	7.1		2.4-8.2 mg/dL	~~~
	BUN	11	mg/dL	5 26_	BN
	Creatinine, Serum	, 9	mg/dL	.5 - 1.5	BN
	BUN/Creatinine Ratio	12	_ /-		
	Sodium, Serum	142	mEq/L	135 - 148	BN
	Potassium, Serum	4.1	mEq/L	3.5 - 5.5	BN
	Chloride, Serum	106	mEq/L	96 - 109	BN
	Osmolality (Calc)	295	mOsm/kg	275 - 29 5	
	Calcium, Serum	9.1	mg/dL	8.5 - 10,6	$\mathbf{B}\mathbf{N}$
	Phosphorus, Serum	3.6	mg/dL	2.5 - 4.5	BN
	Protein, Total, Serum	6.3	g/dL	6.0 - 8.5	BN
	Albumin, Serum	3.7	g/dL	3.6 - 4.8	BN
	Globulin, Total	2,6	g/dL	1.5 - 4.5	
	A/G Ratio	1.4		1.1 - 2.5	
	Bilirubin, Total	. 4	mg/dL	,1 - 1.2	BN
	Alkaline Phosphatase, Serum	63	IU/L	25 - 165	BN
	LDH	146	IU/L	100 - 250	BN
	AST (SGOT)	32	X0/L	0 - 45	\mathtt{BN}
			EFFECTIVE	OCTOBER 30, 2000	
				REFERENÇE INTERVAL	
				hanging to:	
			0-40 IU/L	•	
		/	The PEDIA	TRIC REFERENCE	
		/	INTERVAL Y	will remain the	
		1	same.		
	ALT (SGPT)	/ 25	IU/L	0 - 50	BN
		1	***EFFECTIVE	OCTOBER 30, 2000***	
		.\		ence interval	
			will be cl	hanging to:	
			Male	0-40 IU/L	
			Female	0-40 IU/L	
	GGT	21	IU/L	0 - 70	BN
				E OCTOBER 30, 2000***	
			The refe	rence interval	

No. 5645 P. 71/178

<u> </u>	LABC	MATON ——	OKSIION O	1 1111111	
8PECIMEN 287-045-0662-0	TYPE 8	PRIMARY LAB BN	REPORT STATE	TUS PAGE	2
	,	ADDITIONAL INF	ORMATION		
88#408689136		PHONE: 42	3~926-1004 D	OB: 9/26,	/1940
PATIENT NAME TRIBBLE, WAN	DAR F	<u> </u>	SEX F	AGE (YR.,	/MO8.}
PT. ADD.: 119 WOOD: JOHNSON		ИТ		37601-0	0000
DATE OF SPECIMEN	TIME	DATE RECEIVED	DATE REPORTED	TIME 8:45	1723

CLINICAL INFORMATION
CD- 91743095911

PHYSICIAN ID. PATIENT ID.
tabor 00337700

ACCOUNT:MCCLEOD CANCER & BLOOD CENTER

310 STATE OF FRANKLIN RD SUITE
JOHNSON CITY TN 37604-6063
ACCOUNT NUMBER - 41600170

‱‱LIMITS₩ will be changing to: 0-65 IU/L Male 0-60 IU/L Female - 199 BN mg/dL 100 Cholesterol, Total 136 BN 0 - 199 mg/dL149 Triglycerides CANCER ANTIGEN (CA) 15-3 .0 - 31,3*** NOT COMPLETED *** Cancer Antigen 15-3 HANCOCK MD DIRECTOR: FRANK LAB: BN LABCORP BURLINGTON NC 27215-2230 1447 YORK COURT, BURLINGTON,

LAST PAGE OF REPORT

LABORATORY PATION OF AMERICA TYPE SPECIMEN PRIMARY REPORT STATUS 210-045-0634-0 PARTIAL PAGE 1 ADDITIONAL. INFORMATION 88#408689136 PHONE:423-926-1004 DOB: 9/26/1940 TRIBBLE, WANDA R SEX AGE (YR./MOS.) P 59/10 PT. ADD.: 119 WOODLAND RD JOHNSON CITY 37601-0000 DATE OF SPECIMEN Time DATE RECEIVED DATE REPORTED TIME 7/28/2000 7/28/2000 8:25 7/29/2000 11 8:06

CLINICAL INFORMATI CD- 91743	:=:
PHYSICIAN ID. tabor	PATIENT ID. 00337700
ACCOUNT: MCCLEOD CANCER	
	RANKLIN RD SUITE TN 37604-6063
CONTAGOM CITT	TM 71004-0003

CMP12+7AC	******RESULT	***************************************	LIMITS	LAB
▶ Glucose, Serum	110 H	mg/dL	65 - 109	BN
Uric Acid, Serum	6.0	mg/dL	1,5 - 6.7	BN
BUN	12	mg/dL	5 - 26	BN
Creatinine, Serum	. 8	mg/dL	.5 - 1.5	BN
BUN/Creatinine Ratio	15			
Sodium, Serum	140	m E q/L	135 - 148	BN
Potassium, Serum	4.2	mEq/L	3.5 - 5.5	BN
Chloride, Serum	107	mEq/L	96 - 109	BN
Osmolality (Calc)	289		275 29 5	
Calcium, Serum	9.2	mg/dL	8.5 - 10.6	$\mathbf{B}\mathbf{N}$
Phosphorus, Serum	4.4	mg/dL	2.5 - 4.5	BN
Protein, Total, Serum	6.7	g/dL /	6.0 - 8.5	BN
Albumin, Serum	4.0	g/dL /	3.5 - 5.5	BN
Globulin, Total	2.7	g/dL /	1.5 - 4.5	
A/G Ratio	1.4		1.1 - 2,5	
Bilirubin, Total	.5	mg/dL /	.1 - 1.2	BN
Alkaline Phosphatase, Serum	72	IŬ/L /	25 - 1 50	BN
LDH	173	In/r /	100 - 250	BN
AST (SGOT)	34	IU/T /·	0 - 45	BN
ALT (SGPT)	34	IU/L/	0 - 50	BN
GGT	22	IU/L(0 - 70	BN
Cholesterol, Total	164	mg/d1	100 - 199	BN
Triglycerides	156	mg/dL	0 - 199	BN
CANCER ANTIGEN (CA) 15-3				
Cancer Antigen 15-3	*** NOT C	OMPLETED ***	.0 - 31.3	
LAB: BN LABCORP BURLINGTON 1447 YORK COURT, BURLINGTON, N	DI IC 27215-22	RECTOR: FRANK	HANCOCK MD	

LAST PAGE OF REPORT

LABORATORY OR OR AMERICA

	2222		. \		
SPECIMEN 210-045-0634-0	TYPE 8	PRIMARY LAB BN	REPORT ST COMPLETE	PAC)E 1
		ADDITIONAL INE	CORMATION		
SS#408689136		PHONE: 42	13-926-1004	DOB: 9/26	5/1940
PATIENT NAME TRIBBLE, WAND	A R		SEX 7	AGE (YR. 59/	
PT. ADD.: 119 WOODLAN JOHNSON CIT		TN		37601-	0000
D1112	ME 25	DATE RECEIVED	DATE REPORTE	D TIME 5:50	20



CLINICAL INFORMATI CD- 91743	
PHYSICIAN ID. tabor	PATIENT ID. 00337700
ACCOUNT: MCCLEOD CANCER	
	RANKLIN RD SUITE TN 37604-6063

******	**************************************	**************************************	***************************************	LlMI?	rs *******	XX LAB
► CM	Glucose, Serum Uric Acid, Serum	110 H 6.0	mg/dL mg/dL		- 6.7	BN BN
	BUN	12	mg/dL	5_		BN
	Creatinine, Serum BUN/Creatinine Ratio	.8 15	mg/dL	.5	- 1.5	BN
	Sodium, Serum	140	mEq/L	135	- 148	BN
	Potassium, Serum	4.2	mEq/L	3.5	- 5.5	$\mathtt{B}\mathtt{N}$
	Chloride, Serum	107	mEq/L	96	- 109	\mathtt{BN}
	Osmolality (Calc)	289	mOsm/kg	275		
	Calcium, Serum	9.2	mg/dL		- 10.6	BM
	Phosphorus, Serum	4.4	mg/dL	2.5	- 4,5	\mathtt{BN}
	Protein, Total, Serum	6.7	a\qr		- 8.5	\mathtt{BN}
	Albumin, Serum	4.0	g/dĽ	3.5	- 5.5	BN
	Globulin, Total	2.7	g/dL	1.5	- 4,5	
	A/G Ratio	1.4		1,1	- 2.5	
	Bilirubin, Total	, 5	mg/dL	.1	- 1.2	BN
	Alkaline Phosphatase, Serum	72	IU/L	25	- 150	\mathtt{BN}
	TDH	173	${ t IU/L}$	100	- 250	BN
	AST (SGOT)	34	IU/L	0	-45	BN
	ALT (SGPT)	34	IU/L	9/	- 50	BN
	GGT	22	IU/L	/0	- 70	\mathtt{BN}
	Cholesterol, Total	164	mg/dL	/100	- 199	BN
	Triglycerides	156	mg/dL	/ 0	- 199	BN
CA.	NCER ANTIGEN (CA) 15-3	00.0	** (.		22.0	DIX
	Cancer Antigen 15-3	22.0	U/mL	/ .0	~ 31.3	BN

Test results were obtained by the Abbott MEIA methodology. Values obtained with different assay methodologies should not be used interchangeably in serial CA 15-3 testing. Assay results should not be interpreted as absolute evidence of the presence or absence of malignant disease.

LAB: BN LABCORP BURLINGTON

DIRECTOR: FRANK

HANCOCK MD

1447 YORK COURT, BURLINGTON, NC 27215-2230

LAST PAGE OF REPORT

LABORATORY PAPARATION OF AMERICA

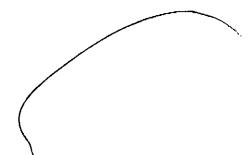
			<i>_</i>		
SPECIMEN 342-045-0517-0	TYPE 8	Primary lab Bn	REPORT S PARTIAL	TATUS PAGE	1
		ADDITIONAL IN	FORMATION		
		PHONE: 4	23-926-1004	DOB: 9/26/	1940
TRIBBLE, WAN	DA R	_	SEX F	AGE (YR./ 59/	
PT, ADD.: 119 WOODL JOHNSON C		TN	<u> </u>	37601-0	000
DATE OF SPECIMEN	TIME 13:01	DATE RECRIVED	DATE REPORT 12/09/1999		5470



CD- INFO	91743050931
PHYSICIAN ID. TABOR	DI THEITAG
ACCOUNT: MCCLEOD C	ANCER & BLOOD CENTER
310 STATE	ANCER & BLOOD CENTER OF FRANKLIN RD SUITE ITY TN 37604-6063

CMP12+ALT+Chol+GG		RESULT		LIMIT:	3 000000000	‱ LAB
▶ Glucose, Serum		112 H	mg/dL	65	- 109	BN
Uric Acid, Ser		5.8	mg/dL		~ 6.7	BN
BUN		6	mg/dL	5	- 26	BN
Creatinine, Se	ercum	. 8	mg/dL		- 1.5	
BUN/Creatinine		7	5,			
Sodium, Serum		142	mEq/L	135	- 148	BN
Potassium, Ser	rum	4.1	mEq/L		- 5.5	BN
Chloride, Seru		105	mEq/L		- 109	BN
Osmolality (Ca		291	mOsm/kg		- 295	
Calcium, Serum		9.2	mg/dL		- 10.6	BN
Phosphorus, Se		3.7	mg/dL		- 4,5	BN
Protein, Total		6.8	g/dL		- 8.5	
Albumin, Serum		3.9	g/dL	3. 5	- 5.5	BN
Globulin, Tota		2,9	g/dL		~ 4,5	
A/G Ratio		1.3	٥,		- 2.5	
Bilirubin, Tot	al	.6	mg/dL		- 1.2	BN
Alkaline Phosp		106	IU/L		~ 150	BN
LDH	•	175	IU/L		- 250	BN
► AST (SGOT)		49 H	IU/L	0	- 45	BN
ALT (SGPT)		33	IU/L	0	- 50	\mathtt{BN}
GGT		40	IU/L		- 70	BN
Cholesterol, T	otal	176	mg/dL	100	~ 199	BN
▶ Triglycerides		292 H	mg/dL	0 -	- 19 9	BN
CANCER ANTIGEN (C	A) 15-3		3-			
Cancer Antigen		** NOT CO	MPLETED ***	.0	- 31.3	
LAB: BN LABCORP B 1447 YORK COURT,			ECTOR: FRANK	HANCOC	K MD	DIR

LAST PAGE OF REPORT



LABORATORY OF AMERICA

SPECIMEN 342-045-0517-0	TYPE 8	PRIMARY I BN	REPOR	t status (Plete	PAGE	1
	3	DDITIONAL	Information			
		PHON	72:423-926-1004	; 80¢	9/26/1	940
PATIENT NAME TRIBBLE, WAND	A R		SEX	340	3E (YR./M 59/2	os.)
T. ADD.: 119 WOODLAN JOHNSON CIT			TN	3	7601-00	00
	ME 201	DATE RECEIVE	I		(ME 5:21	5482



CLINICAL INFORMATI CD- 91743	• • • •
PHYSICIAN ID. TABOR	PATIENT ID- 00337700
ACCOUNT: MCCLEOD CANCER	& Blood Center
**** ******	PRANKLIN RD SUITE TN 37604-6063

2000	**************************************	‱ resiii.⊤ ‱	***************************************	‰ LIMIT:	~ %	T.A.F.
***	CMP12+ALT+Chol+GGT+LD+P+Tri	0004-c=0-0-1-1999	22 2222 22000033355533553333333333333	600	~. 230000000000000000 0	,
>	Glucose, Serum	112 H	mg/dL	65	- 109	BN
•	Uric Acid, Serum	5.8	mg/dL		- 6.7	BN
	BUN	6	mg/dL		- 26	BN
	Creatinine, Serum	.8	mg/dL		- 1.5	BN
	BUN/Creatinine Ratio	7	21			
	Sodium, Serum	142	mEq/L	135	- 148	BN
	Potassium, Serum	4.1	mEq/L	3,5	- 5.5	BN
	Chloride, Serum	105	mEq/L	96	- 109	BN
	Osmolality (Calculated)	291	mOsm/kg	275	- 295	
	Calcium, Serum	9,2	mg/dL	8,5	- 10.6	BN
	Phosphorus, Serum	3.7	mg/dL	2.5	- 4.5	BN
	Protein, Total, Serum	6.8	g/dL	6.0	- 8.5	BN
	Albumin, Serum	3.9	g/dL	3.5	- 5.5	BN
	Globulin, Total	2.9	g/dL	1-5	4 .5	
	A/G Ratio	1.3		1,1	- 2.5	
	Bilirubin, Total	. 6	mg/dL	.1	~ 1.2	BN
	Alkaline Phosphatase, Serum	106	IU/L	25	- 150 🔪	BN
	LDH	175	IU/L	100	- 250	ВИ
▶	AST (SGOT)	49 H	IU/L		- 4 5	$_{ m BN}$
	ALT (SGPT)	33	IU/L /	0	- 50	BN
	GGT	40	IU/I/		- 70	ви
	Cholesterol, Total	176	mg/AL		- 199	BN
>	Triglycerides	292 H	mg//dL	0	- 199	BN
	CANCER ANTIGEN (CA) 15-3		/.			
	Cancer Antigen 15-3	18.3	℧/mĽ	. 0	- 31.3	BN

Test results were obtained by the Abbott MEIA methodology. Values obtained with different assay methodologies should not be used interchangeably in serial CA 15-3 testing. Assay results should not be interpreted as absolute evidence of the presence or absence of malignant disease.

LAB: BN LABCORP BURLINGTON DIRECTOR: FRANK 1447 YORK COURT, BURLINGTON, NC 27215~2230

HANCOCK MD

DIR

LAST PAGE OF REPORT

	LABC	RATORY OI	RATION	OF AM	ERICA
SPECIMEN 239~045-0555-0	TYPE 8	PRIMARY LAB BN	REPORT S	TATUS	AGE 1
)	DDITIONAL IN	FORMATION		
		Phone: 4	23-926-1004	DOB: 9/	26/1940
PATIENT NAME TRIBBLE, WAN	DA R		SEX F		R./MOS.) 8/11
PT. ADD.: 119 WOODI JOHNSON C		TN		3760	1-0000
DATE OF SPECIMEN 8/27/1999	TINE B:20	DATE RECEIVED 8/27/1999	DATE REPORT 8/28/1999		4200

CLINICAL INFORMATION CD- 9174304	
PHYSICIAN ID. TABOR	PATIENT ID. 00337700
ACCOUNT: MCCLEOD CANCER &	BLOOD CRNTER
310 STATE OF FRA JOHNSON CITY ACCOUNT NUMBER	TN 37604-6063

XXXX	MP12+ALT+Chol+GGT+LD+P+Tri	RESULT	***************************************	LIMITS LIMITS	XX LAB
•	Glucose, Serum	150 H	mg/dL	65 - 109	BN
	Uric Acid, Serum	5.7	mg/dL	1.5 - 6.7	BN
	BUN	10	mg/dL	5 - 26	
	Creatinine, Serum	.8	mg/dL	.5 - 1.5	BN
	BUN/Creatinine Ratio	12	mg/ dii	.5 - 1.5	BN
	Sodium, Serum	138	mEq/L	135 - 148	D.1
	Potassium, Serum	4.3	mEq/L	135 - 148 3.5 - 5.5	BN
	Chloride, Serum	106	mEq/L		BN
	Osmolality (Calculated)	286	mOsm/kg	96 - 109	BN
>	Calcium, Serum	8.2L	mg/dL	275 - 295	
	Phosphorus, Serum		MPLETED ***	8.5 - 10.6	BN
	Protein, Total, Serum	6.8	g/dL	2.5 - 4.5	
	Albumin, Serum	3.9		6 0 - 8.5	BN
	Globulin, Total	2.9	g/dL	3.5 - 5.5	BN
	A/G Ratio		g/dL	1.5 - 4.5	
	Bilirubin, Total	1.3	/ 3%	1.1 - 2.5	
	Allerine Phographetogo Comme	. 6	mg/dL	.1 - 1.2	\mathtt{BN}
	Alkaline Phosphatase, Serum	78	IU/L	25 ~ 150	BN
	LDH	198	IU/L	100 - 250	BN
>	AST (SGOT)	46 H	IU/T	. 0 - 45	$\mathtt{B} \mathtt{N}$
	ALT (SGPT)	38	IU/L	0 - 50	\mathtt{BN}
	GGT	*** NOT CO		70	
	Cholesterol, Total	168	mg/dL	100 - 199	BN
	Triglycerides	188	mg/dL	0 - 199	BN
	D. D.Y. Y. N. CO.D.D. DATES THE CO.D.				·
	B: BN LABCORP BURLINGTON		ECTOR: FRANK	HANCOCK MD	DIR
14	47 YORK COURT, BURLINGTON, N	IC 27215-223	0		•
				/	

LAST PAGE OF REPORT

LABORATORY FATION OF AMERICA

			<u>''</u>				
SPECIMEN 239-045-0555-0	TYPE S	PRIMARY BN	LAB	REPORT COMPLE	STATUS TE	Page	ĺ
	}	ADDITIONAL	INFOR	MATION			
		РН	ONE: 423-;	926-1004	DOB:	9/26/19	40
PATIENT NAME TRIBBLE, WANI	DAR	·		SEX F	AGE	(YR./MO 58/11	s.)
PT ADD.: 119 WOODLA JOHNSON CI			TN	·	37	601-000	0
	'IME 8:20	DATE RECEI 8/27/1	,	DATE REPOR 8/30/199		1	420



CLINICAL INFORMATION CD- 9174304	
PHYSICIAN ID. TABOR	PATIENT ID. 00337700
ACCOUNT: MCCLEOD CANCER	BLOOD CENTER
310 STATE OF FRE	
Johnson City Account number	

HANCOCK MD

DIR

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	P12+ALT+Chol+GGT+LD+P+Tri,	RESULT ;;		# LIMI	rs	**********	LAB
>	Glucose, Serum	150 H	mg/dL	65	_	109	BN
	Uric Acid, Serum	5.7	mg/dL	1.5		6.7	BN
	BUN	10	mg/dL			26	BN
	Creatinine, Serum	. 8	mg/dL			1.5	BN
	BUN/Creatinine Ratio	12					
	Sodium, Serum	138	mEq/L	135	_	148	BN
	Potassium, Serum	4.3	mEq/L			5,5	BN
	Chloride, Serum	106	mEq̈́/L			109	BN
	Osmolality (Calculated)	286	mOsm/kg	275			
>	Calcium, Serum	8.2L	mg/dĹ			10.6	BN
	Phosphorus, Serum	3.8	mg/dL			4.5	BN
	Protein, Total, Serum	6.8	g/đĽ			8.5	BN
	Albumin, Serum	3.9	g/dL			5.5	BN
	Globulin, Total	2.9	g/dL	1.5			211
	A/G Ratio	1.3	3,			2.5	
	Bilirubin, Total	. 6	mg/dL			1.2	BN
	Alkaline Phosphatase, Serum	78	IŬ/L			150	BN
	LDH	198	IÚ/L	100		250	BN
>	AST (SGOT)	46 H	IU/L	0		45	BN
	ALT (SGPT)	38	IU/L	0		50	BN
	GGT	38	IU/L	0		70	BN
	Cholesterol, Total	168	mg/dL	100		199	BN
	Triglycerides	188	mg/dL	0		199	BN
						<u> </u>	

DIRECTOR: FRANK

LAST PAGE OF REPORT

1447 YORK COURT, BURLINGTON, NC 27215-2230

LAB: BN LABCORP BURLINGTON

LABORATORY OF AMERICA

SPECIMEN 116-045-0529-0	TYPE S	PRIMARY LAB BN	REPORT ST	FATUS PA	GE 1
-	7	ADDITIONAL II	iformation		
		PHONE : (000-926-1004	DOB: 9	/26/40
PATIENT NAME TRIBBLE, WAN	DA R		SEX F		./MOS.) / 7
PT. ADD.: 119 WOODL JOHNSON C		T	1	37601	-0000
DATE OF SPECIMEN	TIME 8:17	DATE RECEIVED	DATE REPORTS	D TIME	2406



CLINICAL INFORMAT CD- 9174:	•
PHYSICIAN ID. TABOR	PATIENT 1D. 00337700
ACCOUNT: MCCLEOD CANCE	& BLOOD CENTER
310 STATE OF 1	RANKLIN RD SUITE
YATRIONI OF THE	TN 37604~6063
JOHNSON CITY	-14 3 / 009 × 0003

**** C	MP12+ALT+Chol+GGT+LD+P+Tri	XX RESULT	***************************************	LIMITS	LAB
	Glucose, Serum	99	mg/dL	65 - 109	BN
	Uric Acid, Serum	5.7	mg/dL	1.5 ~ 6.7	
	BUN	14	mg/dL	5 - 26	BN
	Creatinine, Serum	.9	mg/dL .		BN
	BUN/Creatinine Ratio	15	mg/ an .	.5 - 1.5	BN
	Sodium, Serum	137	mEq/L	135 140	
	Potassium, Serum	4.8	mEq/L	135 - 148	BN
	Chloride, Serum	101		3.5 - 5.5	BN
	Osmolality (Calculated)	283	mEq/L	96 - 109	BN
	Calcium, Serum		mOsm/kg	275 - 295	
	Phosphorus, Serum	9.4	mg/dL	8.5 - 10.6	BN
		4.7H	mg/dL	2.5 - 4.5	BN
	Protein, Total, Serum	6.8	g/dL	6.0 - 8.5	$_{ m BN}$
	Albumin, Serum	4.1	g/dL	3.5 ~ 5, 5	BN
	Globulin, Total	2.7	g/dL	1.5 - 4.5	
	A/G Ratio	1.5		1,1 - 2.5	
	Bilirubin, Total	. 7	mg/dL	.1 - 1,2	BN
	Alkaline Phosphatase, Serum	80	IU/L	25 - 150	BN
	LDH	194	${ t IU/L}$	100 - 250	BN
	AST (SGOT)	38	IU/L	0 - 45	BN
	ALT (SGPT)	38	IU/L	0 - 50	BN
	GGT	23	IU/L	0 70	В'n
	Cholesterol, Total	175	mg/dL	0 100	BN
•	Triglycerides	211 H	mg/dL	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	BN
CI	27.29	•	ے.	11/1	T-14
	CA 27.29	22.7	U/mL	.0 - 38.6	BN

Test results were obtained by the Chiron ACS:180 methodology. Values obtained with different assay methodologies should not be used interchangeably in serial CA 27-29 testing. Assay results should not be interpreted as absolute evidence of the presence or absence of malignant disease.

LAB: BN LABCORP BURLINGTON

DIRECTOR: FRANK

HANCOCK MD

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1447 YORK COURT, BURLINGTON, NC 27215-2230

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LABORATORY OF ORATION OF AMERICA

				OF PAR	DICTOR
SPECIMEN 022-045-0257-0	TYPE 8	PRIMARY LAB	REFORT STA	ATUS P.	AGR 1
	2	ADDITIONAL INF	ORMATION	. 	
	_	PHONE : 00	0-926-1004	DOB;	9/26/40
TRIBBLE, WAND	A R		SEX F	•	R./MOS.) 9/3
PT. ADD.: 108 WOODLA JOHNSON CI		TN		3760	1-0000
DATE OF SPECIMEN T	IME	DATE RECEIVED	DATE REPORTED	TIME	48

No. 5645 P.

Labcora.

Labcoratory Corporation of America

CLINICAL INFORMATI CD- 51277	
PHYSICIAN ID. TABOR	PATIENT ID. 003377 00
ACCOUNT: MCCLEOD CANCER	& BLOOD CENTER
	RANKLIN RD SUITE
JOHNSON CITY ACCOUNT NUMBE	TN 37604-6063

TEST LIMITS RESULT

CA 27.29

CA 27.29

20.0

U/mL

.0 - 38.6

BN

Test results were obtained by the Chiron ACS:180 methodology. Values obtained with different assay methodologies should not be used interchangeably in serial CA 27-29 testing. Assay results should not be interpreted as absolute evidence of the presence or absence of malignant disease.

LAB: BN LABCORP BURLINGTON

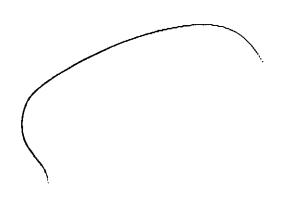
DIRECTOR:

FRANK HANCOCK MD

DIR

1447 YORK COURT, BURLINGTON, NC 27215-2230

LAST PAGE OF REPORT



Jul. 13. 2012 9:55AM David C. Tabor, MD

CLeod Cancer & Blood Center 10 State of Franklin Rd, #401 Johnson City, TN 37604 (615) 926-3611

1/22/99 13:46:59 Preliminary Page

P. 80/1.

No. 5645

TRIBBLE, WANDA R Patient Name:

Patient ID

Address

3377 108 WOODLAND RD

City, ST, Zip: JOHNSON CITY, TN DOB : 9/26/40

Sex : F

Phone

;(423) 926-1004

Date Drawn: 1/22/99 Date recd: 1/22/99 Time Drawn:13:46 Time Recd: 13:46

Result Lo/H1 Units Ref Range Test Comment

37601

MG/DL	0 - 1.2
U/L	9-34
U/L	100-220
U/L	30-160
MG/DL	0.7-1.4
MG/DL	70-105
MG/DL	0-23
MG/DL	8.5-10.5
G/DL	3.6~5.2
G/DL	6.6-8.3
mEq/L	138-153
mBg/L	3.5-5.5
mEq/L	95-113
	U/L U/L U/L MG/DL MG/DL MG/DL G/DL G/DL G/DL mEq/L mEq/L

CLIA #:44D0310698 Dr. Notified Patient: Drawn By : COLA #:NA Notified Patient; Tech Init: Clinical Comment:

P. 81/17 No. 5645

David C. Tabor, MD

≧Leod Cancer & Blood Center∈ State of Franklin Rd. #401 Johnson City, TN 37604 (615) 926-3611

≒ 10/23/98 8:31:44 Preliminary Page

Patient Name:

TRIBBLE, WANDA R

DOB

: 9/26/40

Patient ID :

3377

Sex

; F

Address

108 WOODLAND RD

Phone

; (423) 926-1004

City, ST, Zip:

JOHNSON CITY, TN 37601

Date Drawn: 10/23/98

Date recd: 10/23/98

Time Drawn: 8:31

Time Recd: 8:31

Test

Result Lo/H1

Н

L

Units Ref Range Comment

CHEMISTRY ALT/SGPT

CREATININE

GLUCOSE

CALCIUM

ALBUMIN

SODIUM

POTASSIUM

CHLORIDE

TOTAL PROTEIN

TOTAL BILIRUBIN 0.6 31 AST/SGOT 25 LDH 160 ALK. PHOSPHATASE

42 0.9 129 UREA NITROGEN 7.7

9.9 4.5 6.9 142

4.6 10θ DIRECT BILIRUBIN 0

MG/DL 0-1.2 U/L 4 - 35U/L 9-34

U/L

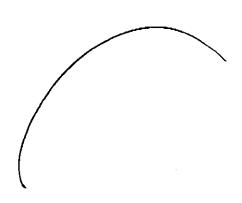
G/DL

100-220 U/L 30-160 0.7 - 1.4MG/DL

MG/DL 70-105 MG/DL 8-23 MG/DL 8.5-10.5 G/DL

3.6 - 5.26.6-8.3 mEq/L 138-153 mBg/L 3.5 - 5.5

mEq/L 95-113 MG/DL 0-1



CLIA #:44D0310698 COLA #;NA

Dr. Notified Patient:__ Notified Patient: Drawn By :_ Tech Init:

Clinical Comment:

Document 13-4 Filed 08/17/12 Page 22 of 60 PageID #

·, L	ul. 13. 2012 9:56AM		No. 5	645 P. 83/1,
∍ (\$pectmen # Spectmen # Spectmen # 191 - 045 - 0312 - 0 5 EIN	FINAL DO 1	os os (*)	LabCorp
]	Additional information	1 234012 1770	(Clinical Information	07/11/98 05:4
	TABOR	DORG		077 X X 7 3 10 0 0 11 11
Rev. 11/87	7 3 2 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	09726740	1 '	Patient ID
£ .	CD~ S18578781	- Age (YaMos)	TABOR	00337700
246572	TRIBBLE , WANDA R	F 057/09	MCCLEDD CANCER & B	LOOD CENTER 416
- 1'	aveni Appress		310 STATE OF FRANK	T TRU THE PROPERTY AND
	Date Collected Date Entered Date Report	ted		TN 37604-6063
UNVHEP# 1-1	<u> </u>	11/93 8437	\ 483-986-3611 TN	
~ A	TESTS	RESULT	FLAG UNITS A	EFERENCE INTERVAL LA
	Calcium	9.6	, wB\q "	0 12 12 2
	Phosphorus	id ₩ Sub w T	4.7 H mg/dL	8,5 ~ 10.6 2.5 ~ 4.5
	Glucose		112 H mg/dL	65 - 109
	BUN	10	ˈmg/dL	5 - 26
	Unic Acid	5,5	mg/dL	1.5 - 6.7
	Cholesterol, Total	•	250 H mg/dL	100 - 199
	Triglycerides	192	տց⁄dL	0 - 199
σ.	Protein, Total	6.8	g/dL,	6.0 - 8.5
MS - BURLINGTON, ND 272162305 - (395) 228-9336	Albumin, Serum	4, Q	g/dL	3.5 - 5.5
22 23	Bilirubin, Total	O. 6	mg/dL	0.1 ~ 1.2
98	Alkaline Phosphatase	55	IU/L	25 - 150
5	LDH SGUT (AST)	138	1U/L	100 - 250
ğ	Sodium, Serum	16	, IU/L	O 45
39	Potassium, Serum	136	mEq/L	135 - 148
272	Chloride, Serum	4.5	mEq/L	3.5 ~ 5.5
2	Creatinine, Serum	104	, mEq/L	96 - 109
8	GGT	0.8 32	mg/dl.	0.5 ~ 1.5
N N	SGPT (ALT)	15	TU/L	Ö 70
20	Osmolality (Calculated)	2 <u>8</u> 0	MOsm∕kg	0 50
ġ	BUN/Creatinine Ratio	1台	EA VIIICOIII	275 - 295
Œ.	Globulin, Total	a. 8	g/dL	1.5 ~ 4.5
2	A/G Ratio	1. 4		1.1 - 2.5
WESLEY BUSINESS FOR	LAB: EN LABCORP HOLDINGS		DIRECTON: FRAN	NK HANCOCK MD I
Į į	1447 YORK COURT		27215 -2 230	
· '	11 - 1 the market has a second and the part of the back has been a second by the back the second and the back has been a second as a second and the back has been a second as			ers first first from a meaning on the service was some same and make some same same some some some some some so
	DYREPOT	ORF FRANK	HNNCOCK MD DIR	
-	IF YOU HAVE ANY QUESTION	S CONTACT ~ TO	DONORE VSZ…WCV…SSCA I LihinOrimy MD DIK	(NO s. 1) (NO 2) (27) (2) (A 29 A 2
冒		LAST PAGE	Wild Downson	JAME 1 000-768-4344
Universal # 1 - 1 part	$(\bullet, \bullet) = (\bullet, \bullet) = ($		7 MEMURI	
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<u>a</u>	•		/	
5	•	· /	,	



State of Franklin Healthcare Associates, PLLC

301 Med Tech Parkway, Suite 100 • Johnson City, Tennessee 37604 Nuclear Medicine (423) 794-5580 • Outpatient Diagnostic Center (423) 794-5580

Name:	TRIBBLE, WANDA	PMIS/IDX:	4691
D.O.B.;	09/26/1940	Date:	02/23/2009
	FRANK JOHNSON, JR., MD	Tape #:	
Copy To:	RAY LAMB, MD	Phone #:	4239261004

Last DEXA:

2006

Diagnosis:

68 -year-old female who went through menopause twenty-six years ago. Current regimen

includes calcium.

AP LUMBAR SPINE:

- The bone mineral density (BMD) in the lumbar spine was determined from L1 through L4.
- The BMD is 81% of young adult reference population and 103% of age matched population.
- ✓ The T-Score is -1.9 (standard deviations of young adult mean).
- ✓ The Z-Score is +0.2 (standard deviations of age matched mean).
- The current risk of spinal fracture is increased 3 times when compared to young adults (based on T-Score).
- ✓ The remaining lifetime fracture probability is 2 (expected number of future fractures based on T-Score and age).

PROXIMAL FEMUR:

- The bone mineral density (BMD) in the hip was determined in the neck.
- ✓ The BMD is 66% of young adult reference population and 85% of age matched population.
- ✓ The T-Score is -2,6 (standard deviations of young adult mean).
- ✓ The Z-Score is -0.9 (standard deviations of age matched mean).
- The current risk of hip fracture is increased 6 times when compared to young adults (based on T-Score).
- The remaining lifetime fracture probability is 4 (expected number of future fractures based on T-Score and age).

CONCLUSION: The hip shows osteoporosis and the lumbar spine shows osteopenia. Compared to the previous study, the hip has declined by 10.3% and the lumbar spine has declined by 4.6%.

Richard L. Rölen MD

Richard Rolen MD /DB

Technologist: DX

2/25/2009 2:50 PM

No. 5645 P. 85/178

Jul. 13. 2012 9:56AM

McLeod Cancer & Blood Center of East Tennessee Hematology-Oncology Associates, P.C. 310 North State of Franklin Road Johnson City, TN 37604

Ĭ -	DOCTOR: Millard Lamb, MD 0 26/1940 DOS: 1/28/2009 9 1/8943 ACCESS: MER0028342
1 , (CHEST-TWO VIEWS N: BREAST CA ON: 10/13/2005
Fi	and views compared to 10/13/2005 again show hyperinflation of the lungs but no interval new fusion and the pleural spaces remain clear. Heart size within normal limits. Hyperinflation of the sating the possibility of developing COPD.
1	
	entor ly disease.
; ; ;	thonleally by: Harold Ross, M.D. 00 T: 08:49 auG(-)01 impl: Radiology, P.C.

1

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State of Franklin Healthcare Associates, PLLC

219 Princeton Road, Suite 100 • Johnson City, Tennessee 37601 Nuclear Medicine (423) 926-1027 • Outpatient Diagnostic Center (423) 283-7068

Name:	TRIBBLE, WANDA	PMIS/IDX:	4691
D.O.B.:	09/26/1940	Date:	10/02/2008
Physician:	FRANK JOHNSON, JR., MD	Tape #:	
Copy To:		Phone #:	(423) 926-1004

HIGH-RESOLUTION CT OF THE CHEST WITHOUT INTRAVENOUS CONTRAST

68-year-old female with a history of breast cancer status post bilateral mastectomy, who presents with symptoms of chest and back pain.

05/12/2005 CT of the chest. Comparison:

Technique: Multidetector axial imaging was performed from the neck base through the chest and upper abdomen. The images were reconstructed using both conventional and high-resolution algorithms. Thin section axial reconstructions were performed through regions of interest. No intravenous contrast was utilized.

There is a small amount of pleuroparenchymal scarring seen just above the left Findings: hemidiaphragm within the anterior basilar left lower lobe and inferior lingular segment of the left upper lobe. The lingular pleuroparenchymal densities appear relatively unchanged when compared to her previous exam but the anterior basilar pleuroparenchymal changes have become slightly more prominent. No interlobular septal thickening, honeycombing or bronchiectasis is appreciated. There is noted to be mild diffuse wall thickening involving the bronchi bilaterally. No suspicious lung nodule or mass is identified. There is atherosclerotic calcification of the aorta without aneurysmal dilation involving its thoracic or visualized abdominal portions. There is also noted to be some mild atherosclerotic calcification of the coronary arteries. Heart size is normal. No mediastinal, obvious hilar, or axillary adenopalhy is appreciated. Surgical clips are now seen in left axilla consistent with left axillary node dissection. There has also been interval left mastectomy. There are unchanged findings of a right mastectomy. The visualized portions of the nonenhanced solid organs of the upper abdomen demonstrate no suspicious focal abnormality. Mild endplate osteophyte formation is seen involving the spine. No acute osseous abnormality is appreciated.

impression:

- 1. No interstitial pulmonary librosis or bronchieclasis appreciated. There is, however, noted to be mild diffuse bronchial wall thickening, which could represent some underlying airways inflammation such as bronchilis.
 - 2. Small amount of pleuroparenchymal scarring in the anterior basilar left lower lobe and unchanged mild pleuroparenchymal scarring in the inferior lingular segment of the left upper lobe.

3. Atherosclerosis and postoperative findings as described.

4. No adenopathy or acute superimposed cardiopulmonary process currently appreciated.

Dr. Lindsay H. Messinger

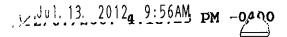
Lindsay H. Messinger MD /LM / ATSI

Technologist: CT

Date / Time: 10/2/2008 5:29 PM

3450/MTWJLS0002 D: 10/02/2008 Job: 3450082764707

Case 2:12-cv-00279-JRG-DHI Document 13-4 Filed 08/17/12 Page 26 of 60 PageID #: The state of the s





JOHNSON CITY MEDICAL CENTER 400 N ST OF FRANKLIN RD, JOHNSON CITY, TN 37604 DIAGNOSTIC IMAGING

Ordering Clinician:

WILLIAM R KINCAID MD 310 ST. OF FRANKLIN JOHNSON CITY, TN 37604

Attending/Primary Care Clinician:

WILLIAM R KINCAID MD

JOHNSON CITY, TN 37604

310 ST. OF FRANKLIN

Patient:

TRIBBLE, WANDA R

Med Rec #: Admission #:

32904702

013715

DOB: Sex:

09/26/1940

Status: Class:

Α 0

Rm/Bed: Service:

ODC

Exam Class:

Admit Date:

12/07/2007

CC;

" Final Report"

PROCEDURE: OCT 0346 - CT CHEST WWO CONT Job #: 1089661

ACCESSION NO: 5339896

DATE OF EXAM: Dec 7 2007 9:54AM RMS ORDER NO: 90002

CPT(s): 71270

ADMITTING DIAGNOSIS:

FEMALE BREAST CA NOS CHEST SWELLING/MASS/LUMP

REASON FOR EXAM: EVALUATE FOR LEFT CHEST WALL MASS, HISTORY OF BREAST CANCER

RESULT:

COMPARISON: 05/31/2006.

TECHNIQUE: CT of the chest without and with contrast was performed. 100 ml of Optiray 320 were used.

CT OF THE CHEST WITHOUT AND WITH CONTRAST: Multiple surgical clips are FINDINGS: again demonstrated left axilla. The patient is status post bilateral mastectomy. No pathologically-enlarged lymph nodes in the thorax are identified. Minimal atherosclerotic calcifications are scattered throughout the thoracic aorta. Infused appearance of the heart and thoracic aorta are within normal limits for size.

LUNGS: Small nonspecific area of ground-glass attenuation is seen adjacent to the left major fissure, image #34. No discrete pulmonary nodules are identified. No pleural effusions are present. Indeterminate, small, likely pleural scar or nodule is seen adjacent to the right upper lobe on image #31.

UPPER ABDOMEN: Small, indeterminate, low attenuation lesion right lobe of the liver is again demonstrated on image #56. This would favor a small cyst or hemangioma.

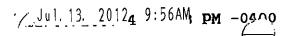
MUSCULOSKELETAL: No destructive osseous lesions are seen. There is slight asymmetry in the subcutaneous fat overlying the anterior chest, left more than right. No discrete abnormal mass lesion is seen within the chest wall.

IMPRESSION:

1) Slight asymmetry in the subcutaneous fat in the anterior chiest wall, left slightly more prominent than right. No underlying mass lesion is identified.

mation contained in this trensmission may contain health information that is privileged and confidential. The transmitted information is intended only for the use of the individual or entity named above, "or of this message is not the intended recipient, you are hereby notified that states and Federal Law strictly prohibit any dissemination, distribution or copying of this communication. If you received this 'on in error, please notify the sender immediately by telephone and destroy the trensmitted material.

Page 2 of 2





JOHNSON CITY MEDICAL CENTER 400 N ST OF FRANKLIN RD, JOHNSON CITY, TN 37604 DIAGNOSTIC IMAGING

TRIBBLE, WANDA R Patient: Ordering Clinician: Med Rec #: 013715 WILLIAM R KINCAID MD Admission #: 32904702 310 ST. OF FRANKLIN DOB: 09/26/1940 JOHNSON CITY, TN 37604 Sex: Status: Α 0 Class: Attending/Primary Care Clinician: Rm/Bed: WILLIAM R KINCAID MD ODC Service: 310 ST. OF FRANKLIN Exam Class: 0 JOHNSON CITY, TN 37604 Admit Date: 12/07/2007

CC:

Along the left major fissure is a small area of ground-glass attenuation. This is an indeterminate finding that could represent a scar or focus of inflammation. Recommend attention on follow-up.

Technologist: Janice Nelson, RT(R)

Transcriptionist: Kelly Carver

Transcribe Date/Time: Dec 7 2007 12:08P

Read by: THOMAS M. WOOLDRIDGE MD on Dec 7 2007 Signed by: THOMAS M. WOOLDRIDGE MD on Dec 7 2007

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No. 5645 89/178

CHEST W LAT Results Report

Pt Name:

TRIBBLE, WANDA R

PLID:

20051561258

DOB:

09/26/1940

Adm DTime:

11/03/2006 09:31

Nurse Sta:

Dx:

Alrg:

DEMEROL, SULFA

Order Name: Result Name:

CHEST W LAT

MRN:

000013715

Acct No: 32638372

Age/Sex

66Y/F

Atn Dr:

Hopkins, Steven

Rm/Bed:

Observation Dtime:

10/31/2006 13:20

Result Status:

Final Result

JOHNSON CITY MEDICAL CENTER *** Final Report ***

Ordering Clinician: STEVEN P HOPKINS, MD

Med Rec #: 013715

Class:

0

PROCEDURE: JMO 0112 CHEST W LAT Job #: 707528

ACCESSION NO: 4862170

Oct 31 2006 1:20PM RMS ORDER NO: 90009 CPT(s): 71020 DATE OF EXAM:

ADMITTING DIAGNOSIS: PERIPHERAL VASCULAR DISEASE NOS 43.9 REASON FOR EXAM: CHRONIC OBSTRUCTIVE PULMONARY DISEASE

RESULT:

COMPARISON:

January 2006.

FINDINGS: PA AND LATERAL CHEST: Two views. There are surgical clips in the left axilla. There is hyperexpansion of the lungs and mild emphysematous changes consistent with chronic obstructive pulmonary disease. The lungs are, otherwise, clear with no consolidation, pleural effusion, or pneumothorax. The heart size is normal. Bones are unremarkable.

IMPRESSION: Chronic obstructive pulmonary disease.

Technologist: Cynthia Hall, RT(R)(M)

Transcriptionist: Kelly Carver

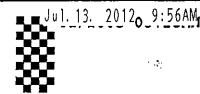
Transcribe Date/Time: Nov 2 2006 5:30AM Read By: DAVID M MELLMAN, MD on Oct 31 2006 Signed by: DAVID M MELLMAN, MD on Nov 3 2006

Pt Name: TRIBBLE, WANDA R

MRN: 000013715

Rm/Bed:

CHEST W LAT Results Report ORE_0120.rpi;Version 1.00 Printed By: Shellon, Angela







JOHNSON CITY MEDICAL CENTER 400 N ST OF FRANKLIN RD, JOHNSON CITY, TN 37604 DIAGNOSTIC IMAGING

Ordering Clinician:

MILLARD RAY LAMB MD 310 N STATE OF FRANKLIN

SUITE 401

JOHNSON CITY, TN 37604

Attending/Primary Care Clinician:

MILLARD RAY LAMB MD 310 N STATE OF FRANKLIN

SUITE 401

JOHNSON CITY, TN 37604

Patient:

TRIBBLE, WANDA R

Med Rec #: Admission #: 013715 32532429

DOB:

09/26/1940

Sex:

F

Status: Class:

A

Rm/Bed: Service: -ODC

Exam Class:

0

Admit Date:

05/31/2006

CC:

*** Final Report ***

PROCEOURE: OCT 0346 - CT CHEST WWO CONT

ACCESSION NO: 4684914

DATE OF EXAM: May 31 2006 1:38PM

RMS ORDER NO; 90007

Job #: 572881 CPT(s): 71270

ADMITTING DIAGNOSIS:

CHEST PAIN NOS, FEMALE BREAST CANCER NOS

REASON FOR EXAM:

CHEST PAIN 786.50, 174.9, BREAST CARCINOMA ·

RESULT:

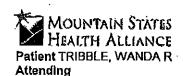
TECHNIQUE: Transverse images were obtained through the chest prior to and after the administration of intravenous contrast. 100 ml of Optiray 320 were injected intravenously.

FINDINGS: CT OF THE CHEST WITHOUT AND WITH CONTRAST: There are surgical clips in the left axilla. I do not appreciate adenopathy of the axillary regions. Additionally, I do not appreciate mediastinal or hilar adenopathy. I do not appreciate an effusion. The lungs are well inflated and clear. The adrenal glands are unremarkable in size.

IMPRESSION: Unremarkable CT examination of the chest,

Technologist: Janke Nelson, RT(R)
Transcriptionist: Kelly Carver
Transcribe Date/Time: Jun 5 2006 11:14P
Read by: KELLY P. GUNTER MD on Jun 5 2006
Signed by: KELLY P. GUNTER MD on Jun 6 2006

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Birth Date 09/26/1940 Sex F MR # 000013715 Pt # Rm/Bed Adm Date

CHEST-RAD

JOHNSON CITY MEDICAL CENTER

Jan 02, 2006 15:29

*** Final Report ***

Ordering Clinician: ILLURI R. REDDY, MD

R. REDDY, MD Med Rec #: 013715

Class: E

PROCEDURE: JRD 0339 - CHEST PORTABLE Job #: 8388

DATE OF EXAM: Jan 2 2006 3:29PM RMS ORDER NO: 90005 CPT(8): 71010

ADMITTING DIAGNOSIS: SHORT OF BREATH

REASON FOR EXAM: SHORTNESS OF BREATH, HISTORY OF BREAST CARCINOMA

RESULT:

COMPARISON: 1-7-05

FINDINGS: CHEST FORTABLE taken on January 2, 2006 at 1525 hours: A single portable view of the chest demonstrates well aerated, clear lung fields. There is no pleural effusion or pneumothorax. The mediastinal and cardiac contours demonstrate an unremarkable appearance. No osseous abnormalities are detected. New surgical clips are seen in the left axillary region. There has been interval left mastectomy. IMPRESSION: Unremarkable single view of the chest.

Technologist: Michael T Layton, RT(R)
Transcriptionist: Peggy Pettingill
Transcribe Date/Time: Jan 3 2006 6:23AM
Read By: JOY J. KINDLE, MD on Jan 3 2006
Signed by: JOY J. KINDLE, MD on Jan 3 2006

Page created: Friday, May 26, 2006 11:14 AM For: POSAMF



Birth Date 09/26/1940 Sex F MR # 000013715 Pt#

Rm/Bed Adm Date

ECHOCARDP

May 11, 2006

Johnson City Medical Center 400 North State of Franklin Road Johnson City, Tenhessee 37604 (423) 431-6440

Name: Tribble, Wanda R

DOB: 09/26/1940

32522604 Account Number:

Pt. Status; OA MD ID: 00192

MR Number: 01-37-15 Admit Date: 05/11/2006

Room: 3400341801 Hos. Sev. Code: QBS Document ID: 1628043

Echocardiogram Report

ADMITTING PHYSICIAN: Frank P Johnson, M.D.

REFERRING PHYSICIAN: Marc Counts, M.D.

DATE OF SERVICE: 05/12/2006

TAPE NUMBER: 9939

REASON: Mitral valve prolapse, dyspnea and ohest pain.

QUALITY: Overall fair quality echocardiogram.

FINDINGS

M-MODE MEASUREMENTS: Left ventricle diastole 35 mm, left ventricle systole 25 mm, interventrícular septum 10 mm, posterior wall 8 mm, right ventricle 23 mm, aortic root 23 mm and left atrium 30 mm.

TWO-DIMENSIONAL COLOR DOPPLER FINDINGS: The left ventricle is normal in size and contractility. Ejection fraction is calculated at 57% by Teichholz measurement. Wall thickness is appropriate, and there are no focal wall motion abnormalities. Diastolic measurements show reversal in mitral E and A-wave velocities suggestive of diastolic impairment. The right ventriale is normal in size. The left and right atria are normal in size. The inferior vena cava and perioardium appear normal with no evidence of effusion. There are no intracardiac masses. The acrtic valve is structurally and functionally normal with no etenosis or insufficiency, The mitral valve demonstrates mitral valve prolapse of the anterior leaflet with minimal mitral regurgitation present. The tricuspid valve demonstrates mild tricuspid

insufficiency, regurgitant velocity of 2.4 meters per second, and the pulmonic valve is structurally normal with normal acceleration time.

IMPRESSION: Overall, unremarkable achocardiogram with the exception of mitral valve prolapse and mild triouspid insufficiency.

Joseph C Bailey, M.D.

Joseph C Bailey, M.D. Maro Counts, M.D. Frank P Johnson, M.D.

D: 05/12/2006 7:40 P

Facility MSN

User ANGELA FERGUSON SHELTON

Page 1 of 2 This Document contains patient protected health information and confidentiality must be mainteined.



Birth Date 09/26/1940 Sex F MR # 000013715

Rm/Bed Adm Date

T: 05/13/2006 4:51 P

Page created: Friday, May 26, 2006 10:21 AM For: POSAMF



Birth Date 09/26/1940 Sex F MR # 000013715 Pt#

Rm/Bed Adm Date

CARDIAC-NM

JOHNSON CITY MEDICAL CENTER

May 12, 2006 14:50

*** Final Report ***

Ordering Clinician: MARC D. COUNTS, MD

Med Rec #: 013715

Class: 0

PROCEDURE: JNM 0313 - CARDIAC PERF S AND R Job #: 553459

ACCESSION NO: 4663037

DATE OF EXAM: May 12 2006 2:50PM RMS ORDER NO: 90006 CPT(9): 70465 ADMITTING DIAGNOSIS: DYSPNEA CAD CHEST PAIN COPD BR EAST CANCER

REASON FOR EXAM: CHEST PAIN.

RESULT:

FINDINGS: CARDIAC PERFUSION STRESS AND REST: The patient was infused with 26.9 mg of Adenosine over four minutes. Resting heart rate was 96 and peak heart rate 120. Rest blood pressure 114/64 and peak blood pressure 116/54. The patient experienced chest heaviness and dyspnea. No arrhythmia and no EKG changes with infusion. The patient had myocardial perfusion imaging performed utilizing a standard one day protocol and receiving 39.4 mCi of Cardiolite as a stress dose and 12.5 mCi of Cardiolite as a rest dose. Myocardial perfusion imaging was performed by standard gated tomographic technique. The left ventricle was normal in chamber size with normal wall motion and contractility. Ejection fraction is calculated at 88%. Myocardial perfusion imaging reveals normal tracer uptake throughout the myocardium. Overall, normal Adenosine Cardiolite stress test. IMPRESSION: See above.

Technologist: Jeff J Karnes, RT(R)(N)CNMT

Transcriptionist: Amanda E Burnette

Transcribe Date/Time: May 13 2006 4:15PM Read By: JOSEPH C BAILEY, MD on May 12 2006 Signed by: JOSEPH C BAILEY, MD on May 15 2006

Page created: Friday, May 26, 2006 10:21 AM For: POSAMF

Facility MSN

User ANGELA FERGUSON SHELTON

Page 1 of 1 This Document contains patient protected health information and confidentiality must be maintained.



Birth Date 09/26/1940 Sex F MR # 000013715 Pt#

Rm/Bed Adm Date

BREAST

JOHNSON CITY MEDICAL CENTER

Nov 21, 2005 11:11

*** Final Report ***

Ordering Clinician: JOHN F. ROBERTSON III, MD

Med Rec #: 013715 Class: 0

PROCEDURE: JPT 0127 - BREAST CA STAGE RESTAGE PET CT Job #: 6641 DATE OF EXAM: Nov 21 2005 11:11AM RMS ORDER NO: 90004 CFT(s): 78615 ADMITTING DIAGNOSIS: FEMALE BREAST CA NOS REASON FOR EXAM: LEFT BREAST CARCINOMA.

RESULT:

CODES:

ICD CODE:

174.9.

CORRELATIVE STUDIES:

Not dictated.

RADIOPHARMACEUTICAL: F-18 FDG, mCi intravenously.

Whole body PET CT performed from orbits to upper thighs FINDINGS: after 20.0 mCi of FDG demonstrates normal lingual activity. Otherwise, there is no abnormal uptake of the head or neck.

Some mild increased activity is identified within the left subcutaneous chest wall consistent with recent left-sided mastectomy. A 6.2 x 1.6 cm post-operative seroma is identified as well. No mediastinal or axillary nodal activity is evident. No focal increased activity is identified throughout the lungs.

The liver, pancreas, spleen, and adrenals are without abnormal activity. There is normal renal and bowel activity. No nodal disease is identified throughout the abdomen or pelvis. No focal bone uptake is present. There is a 1.1 x 0.8 cm right inguinal lymph node evident on CT Image 186 with modest increased activity and a maximum standard uptake value of 1.8. Of note, vascular activity is 1.7 and liver activity 2.4.

Review of the CT images demonstrates no bone lesions. Again noted is the left-sided post-operative seroma. Bilateral mastectomies are evident. No lung nodules are identified. There are multiple surgical clips in the left axilla.

IMPRESSION;

Single right inguinal lymph node with modest increased activity. This is likely inflammatory in etiology and correlation with possible lower extremity inflammatory process is recommended. Although I suspect that this is benign, nodal disease is not excluded.

Technologist; Darlene R Blackhurst, CNMT Transcriptionist: Margaret Fleenor Transcribe Date/Time: Nov 24 2005 10:29PM Read By: LANCE A KLOSTERMAN, MD on Nov 23 2005 Signed by: LANCE A KLOSTERMAN, MD on Nov 25 2005

Page created: Thursday, January 12, 2006 1:58 PM For: POSAMF

Facility MSN

User ANGELA FERGUSON SHELTON

Page 1 of 1 This Document contains patient protected health information and confidentiality must be maintained.

McLeod Cancer & Blood Center of East Tennessee Hematology-Oncology Associates, P.C. 310 North State of Franklin Road Johnson City, TN 37604

PATIENT:

Tribble, Wanda R.

DOB:

09-26-40

MR#: DOCTOR:

944-8946 Millard R. Lamb, M.D.

DOS:

10-13-05

EXAM:

Chest PA and Lateral - Two views

INDICATION:

Breast carcinoma. Follow up cardiopulmonary evaluation.

COMPARISON:

04-22-05

FINDINGS:

The current examination is compared with a chest dated April 22nd. Again noted is absence of the right breast shadow. Surgical clips are present in the left axillary region, which were not present previously. This suggests interval dissection of the axillary lymph nodes on the left side. The heart size is normal. The lungs are clear. There are no bony

lesions.

IMPRESSION:

Interval survey in the left axillary region, probably due to a mastectomy and node

dissection. No acute findings are demonstrated involving the heart or lungs.

Steven Goldstein, M.D.

Electronically signed: 10/19/2005 8:16 AM

SG:tw

Mountain Empire Radiology, P.C.

D. 10/17/05 T: 10/18/05

Page 1 of 1

No. 5645 P. 97/178 Page 1 of 1

Tribble, Wanda R

Sex:F

BD:09/26/1940

MR#:000013715

<u>Print this Page</u> PT#: 32350524

CHEST

Jan 18, 2005 11:32

NORTH SIDE HOSPITAL

*** Final Report *** Ordering Clinician: JOHN F. ROBERTSON III, MD

Class: 0

Med Rec #: 007278

PROCEDURE: KCT 0346 - CT CHEST WWO CONT Job #: 8584

DATE OF EXAM: Jan 18 2005 11:32AM RMS ORDER NO: 90005 CPT(s): 71270

ADMITTING DIAGNOSIS: LUNG NODULE 518.89

REASON FOR EXAM: NODULE SEEN ON CHEST X-RAY

RESULT:

COMPARISON: CT of the abdomen from 6-02 and we see the lower one-third of the lungs on this exam for comparison.

TECHNIQUE: 120 cc of Optimay 320.

CT CHEST WITHOUT AND WITH CONTRAST: There are three separate areas of increased density in the right upper lobe, One is seen anteriorly and presents as an ill defined 1 cm density. One is seen laterally and has a more serpiginous appearance. One is seen posteriorly near the apex and is pleural based. No discreet nodular densities are identified. On the left side, there is a similar patchy area of increased density in the lingula. Again, this does not have the appearance of a nodule but rather most likely is an area of fibrosis or infiltrate. In addition, there is a smaller density just above the diaphragm in the left lower lobe measuring about 1 cm in diameter. This is slightly more dense than the other areas but is not a discreet mass per se. We do not see any of these areas on the left side on the chest x-ray. They also are not visible on the previous CT of the abdomen. They may have been imaged out of phase, however, I believe we should have seen them if they were present previously. There are no hilar or mediastinal masses. Sections through the upper portion of the abdomen show no acute changes. There has been a mastectomy on the right. IMPRESSION:

Nonspecific findings, The areas of increased density would appear to be more inflammatory or fibrotic than in metastatic disease. Also, some of them are certainly infiltrates particularly changes in the lingula and posteriorly in the right upper lobe. Given the history of breast cancer, we are somewhat concerned but we still favor an inflammatory etiology of these changes and would recommend only short term followup,

Technologist: Greg B Thompson, RT(R)(CT)(QM) Transcriptionist: P. Anne Campbell Dictated Date: Jan 16 2005 Transcribe Date/Time: Jan 18 2005 2:53PM Read By: GEORGE I SPENCE, MD Signed by: GEORGE I SPENCE, MD

Page created: Thursday, October 13, 2006 11:42 AM For: POSDLW

Page 1 of 1

Tribble, Wanda R

Sex: F

BD:09/26/1940

MR#:000013715

Print this Page PT#: 32350524

MAMMOGRAM

Aug 16, 2005 08:44

JOHNSON CITY MEDICAL CENTER

*** Final Report ***

Ordering Clinician: JOHN F. ROBERTSON III, MD Med Rec #: 013715 Class: 0

PROCEDURE: JMA 5061 - MAMMO UNILAT LT W CAD Job #: 6784 DATE OF EXAM: Aug 16 2005 8:44AM RMS ORDER NO: 90001 CPT(s): 76090-LT,

ADMITTING DIAGNOSIS: HISTORY OF BREAST CA V10.3

REASON FOR EXAM: HISTORY OF BREAST CANCER WITH RIGHT MASTECTOMY, NEW MASS

IN THE LEFT BREAST

RESULT:

COMPARISON: 10/21/04, 9/20/02

FINDINGS: LEFT DIAGNOSTIC MAMMOGRAM 8/16/05: This examination was

reviewed with computer aided detection.

The breast tissue is extremely dense which lowers the sensitivity of mammography. Numerous benign appearing calcifications are noted. None are present at the area of palpable concern and they appear stable over a six month interval.

The palpable mass is deep against the chest wall and not seen on standard mammography. With additional views, the mass is only partially visualized. It is estimated to measure 1.3 cm in diameter and demonstrates spiculated margins. It is not seen on prior mammography. IMPRESSION: Suspicious 1.3 cm or larger mass at 11:00 in the left breast. This is the palpable lesion,

RECOMMENDATION: Left breast ultrasound was performed at this appointment.

Technologist: Genae L Helmbrecht, RT(R)(M)

Transcriptionist: Charlene Lacy

Transcribe Date/Time: Aug 16 2005 11:50AM Read By: GLYNDA F RAMSEY, MD on Aug 16 2005 Signed by: GLYNDA F RAMSEY, MD on Aug 16 2005

Page created; Thursday, October 13, 2005 11:42 AM For: POSDLW

Tribble, Wanda R

Sex:F

BD:09/26/1940

MR#:000013715

Print this Page PT#:32350524

PRE-OP PLACMT LT

Jan 20, 2005 13:00

JOHNSON CITY MEDICAL CENTER *** Addended Final Report ***

Ordering Clinician: JOHN F. ROBERTSON III, MD Med Rec #: 013715 Class: 0

PROCEDURE; JMA 0811 - LOCAL BREAST PREOF LT Job #: 172 DATE OF EXAM: Jan 20 2005 1:00FM RMS ORDER NO: 90006 CPT(8): 19290-LT ADMITTING DIAGNOSIS: LEFT BREAST MASS-611.72 REASON FOR EXAM: ABNORMAL MAMMOGRAM RESULT:

FINDINGS: LEFT BREAST PREOF: The patient had a palpable about six o'clock which corresponded to a complex cystic structure on ultrasound. Ultrasound guidance was used. After Betadine prep and topical Ethyl Chloride anesthesia, a needle was placed into this complex cystic structure and a wire was placed through the needle. The needle was left in place over the wire and the patient was sent to surgery. Specimen radiograph and ultrasound showed the lesion in question to be contained within the specimen. The clip from the patient's previous biopsy was present as well.

IMPRESSION:

Localization procedure performed with subsequent excision of a complex cystic structure in the subareolar region on the left with pathology pending.

RECOMMENDATIONS: Pending final path report.

ADDENDUM DICTATED BY DR. HATCHER ON 2/3/05 AT 09:31/CML,

ADDENDED FINDINGS: Patient went on to local excision of the lesion which showed intraductal papilloma, hemorrhage, fat necrosis and no evidence of in situ or invasive malignancy.

ADDENDED IMPRESSION: Excisional biopsy performed with benign pathology. ADDENDED RECOMMENDATION: Left breast mammogram in six months to establish post operative baseline.

Technologist: Joy D Leonard, RT(R)(M) Transcriptionist: Amanda E Burnette Transcribe Date/Time: Feb 19 2005 2:22PM Read By: GLEN H. HATCHER, MD on Feb 19 2005 Signed by: GLEN H. HATCHER, MD on Feb 20 2005

Page created: Thursday, October 13, 2005 11:42 AM For: POSDLW

No. 5645 P. 100/178 Page 1 of 1

Tribble, Wanda R

Sex:F

BD:09/26/1940

MR#:000013715

Print this Page PT#: 32350524

CHEST W/LAT

Jan 19, 2003 12:44

*** Final Report ***

PROCEDURE: JRD0112 - CHEST W LAT

DATE OF EXAM: Jan 19 2003 PT CLASS: Y

RMS ORDER NO: 90003

CPT: 71020

INDICATIONS: ACUTE EXAC CHRONIC OBSTRUCTIV E PULMONARY DISEASE

RESULT:

COMPARISON: 01/01/2003.

FINDINGS: CHEST: PA and lateral radiographs of the chest were obtained. The lungs are clear, Cardiac, hilar, and mediastinal contours are within normal limits.

IMPRESSION: Negative.

Technologist: Susan R. Nicewander, RT (R)

Transcriptionist: KCl

Dictated Date: Jan 19 2003

Transcribed Date: Jan 19 2003 6:19PM

Read By: TAMMY N, CRUMPLER M,D,

Page created: Thursday, October 13, 2005 11:43 AM For: POSDLW

No. 5645

Tribble, Wanda R

Sex:F

BD:09/26/1940

MR#:000013715

PT#:32350524

Jan 20, 2005 15:48

BIOPSY-RD

JOHNSON CITY MEDICAL CENTER

*** Final Report ***

Ordering Clinician: JOHN F. ROBERTSON III, MD Class: 0

Med Rec #: 013715

PROCEDURE: JMA 0696 - LOCAL BREAST SPECIMEN Job #: 172

DATE OF EXAM: Jan 20 2005 3:48PM RMS ORDER NO: 90006 CPT(s): 76098

ADMITTING DIAGNOSIS: LEFT BREAST MASS-611.72

RESULT: See Below.

IMPRESSION: See results for this procedure with the LEFT BREAST PREOP

report, RMS 90006, dated Jan 20, 2005.

Technologist: Donna K Waddell, RT(R)(M) Transcriptionist: P. Anne Campbell

Dictated Date: Jan 20 2005

Transcribe Date/Time: Jan 21 2005 8:30AM

Read By: GLEN H. HATCHER, MD Signed by: GLEN H. HATCHER, MD

Page created: Thursday, October 13, 2005 11:44 AM For: POSDLW

No. 5645 P. 102/178 Page 1 or 1

Tribble, Wanda R

Sex; F

BD: 09/26/1940

MR#:000013715

Print this Page PT#: 32350524

BREAST-US

Aug 16, 2005 08;46

JOHNSON CITY MEDICAL CENTER
*** Final Report ***

Ordering Clinician; JOHN F. ROBERTSON III, MD Med Rec #: 013715

PROCEDURE: JMA 0801 - US BREAST LT Job #: 6784

DATE OF EXAM: Aug 16 2005 8:46AM RMS ORDER NO; 90001 CPT(s): 76645-LT

ADMITTING DIAGNOSIS: HISTORY OF BREAST CA V10.3

REASON FOR EXAM;

RESULT:

FINDINGS: LEFT BREAST ULTRASOUND: Focused ultrasound was performed at the area of palpable concern at 11:00 against the chest wall. Deep against the pectoralis musculature, a hypoechoic heterogeneous mass is noted with indistinct margins. There is some mild posterior shadowing and no enhancement. The lesion measures an estimated 1.1 x 0.7 x 0.7 cm in diameter. It abuts, but does not definitely invade, the pectoralis muscle. This is suspicious for malignancy.

IMPRESSION: BIRADS CATEGORY IV: SUSPICIOUS ABNORMALITY. Biopsy should be considered. New palpable mass at 11:00 in the left breast, not seen on prior mammography, is suspicious for malignancy.

RECOMMENDATION: Some form of biopsy is needed. The patient is scheduled to see Dr. Trey Robertson on Monday, August 22, 2005.

Films were released to the patient for her appointment with Dr. Robertson. Results faxed to Dr. Trey Robertson on 9/16/05 at 11:50 a.m./cml.

Technologist: Tina Kiernan, RT(R)(M)
Transcriptionist: Charlene Lacy
Transcribe Date/Time: Aug 16 2005 11:56AM
Read By: GLYNDA F RAMSEY, MD on Aug 16 2005
Signed by: GLYNDA F RAMSEY, MD on Aug 16 2005

Page crealed: Thursday, Oclober 13, 2005 11:44 AM For: POSDLW

No. 5645

P. 103/178 Page I of I

Tribble, Wanda R

Sex:F

BD:09/26/1940

MR#:000013715



BREAST-US

Jan 18, 2005 09:30

JOHNSON CITY MEDICAL CENTER *** Addended Final Report ***

Ordering Clinician: JOHN F. ROBERTSON III, MD Class: 0 Med Rec #: 013715

PROCEDURE: JMA 0801 - US BREAST LT Job #: 6338 DATE OF EXAM: Jan 18 2005 9:30AM RMS ORDER NO: 90004 CPT(s): 76645-LT ADMITTING DIAGNOSIS: LEFT BREAST MASS-611.72 REASON FOR EXAM: LEFT U/S, PREVIOUS LEFT RETROAREOLAR BIOPSY BY DR. **MOBERTSON**

RESULT;

COMPARISON: MAMMOGRAM 10-21-04

ULTRASOUND LEFT BREAST: Ultrasound of the left breast reveals an anechoic 1.2 cm retroareolar region lesion just at the 6 o'clock position. This has some thickening in the posterior wall and possible debris within it as well as some surrounding irregularity. be a resolving hematoma and will need careful followup. This area was palpable and I did not find other significant findings on ultrasound of

Findings were discussed with the patient and she reports this area will

IMPRESSION: Indeterminate area retroareolar that will be biopsied on

RECOMMENDATIONS: Pending pathology,

ADDENDUM BY DR. PICAZA ON 2-8-05

ADDENDED RESULTS. I now have a surgical pathology from 1-20-05 showing an intraductal papilloma, hemorrhage, fat necrosis and repair, no evidence of malignancy. This does correlate with our mammographic findings and I do not see a need for further intervention.

ADDENDED IMPRESSION: Retroareolar region has been biopsied and is benign. ADDENDED RECOMMENDATIONS: Mammogram at the patient's anniversary.

Technologist: Cynthia Pritchard, RT(R)(M) Transcriptionist: Peggy Pettingill Dictated Date: Feb 8 2005 Transcribe Date/Time: Feb 8 2005 11:31AM Read By: JOSE E PICAZA, Signed by: JOSE E PICAZA,

Page crealed: Thursday, October 19, 2005 11:44 AM For: POSDLW



Hematology - Oncology Associates, P.C. 310 N. State of Franklin Road Johnson City, Tennessee 37604 (423) 926-3611

PATIENT:

Trlbble, Wanda R.

DOB:

Jul. 13. 2012/ 9:58AMPM

09-26-40

MR#:

944-8943

DOCTOR:

Millard Lamb, M.D.

DOS:

04-22-04

EXAM:

Chest PA and Lateral - Two views

INDICATION:

Breast carcinoma.

COMPARISON:

03-14-02

FINDINGS:

PA and lateral films of the chest on 04-22-04 show the right breast

shadow absent. The lung fields are clear and the costophrenic angles sharp.

Cardiomediastinal silhouette was unremarkable.

CONCLUSION:

Chest shows no acute change and is stable when compared with

the old study in March of last year.

James W. Gibson, M.D.

JWG:tw

Mountain Empire Radiology, P.C.

D: 05-03-04 T: 05-04-04



McCLOUD CANCER & BLOOD CENTER OF EAST **TENNESSEE**

Hematology - Oncology Associates, P.C. 310 N. State of Franklin Road Johnson City, Tennessee 37604 (423) 926-3611

PATIENT:

Tribble, Wanda R.

DOB:

09-26-40

MR#:

944-8943

DOCTOR:

Millard Lamb, M.D.

DOS:

03-14-02

EXAM:

PA and Lateral Chest - Two views

INDICATION:

Breast carcinoma.

COMPARISON:

None

FINDINGS:

PA and lateral views of the chest demonstrate clear lungs. There is no pleural effusion. The mediastinal and cardiac contours demonstrate a normal

appearance. The patient is status post-right mastectomy. The visualized osseous structures appear unremarkable.

J. Kindle, M.D.

IMPRESSION:

No significant abnormalities are demonstrated,

JJK:tw

D: 03-15-02 T: 03-18-02

... LINICAL RECORD

TRIBBLE , WANDA R

BREAST CARE

*****NOT A CHART COPY -- PLEASE DESTROY AFTER USE*****

MAMMOGRA 03/09/01 09:49 *** Final Report ***

PROCEDURE: JMA0809 - MAMMO, UNILAT LT

DATE OF EXAM: Mar 9 2001

RMS ORDER NO: 90002 CPT: 76090 LT

INDICATIONS: BREST CANCER RIGHT BREAST MASECIOMY IN 1998

RESULT: The breast tissue is heterogeneously dense. No malignant appearing masses or calcifications are seen and no changes are evident.

IMPRESSION: BIRADS CATEGORY I: NEGATIVE. No mammographic evidence of malignancy.

RECOMMENDATION (S): Follow-up left breast manmogram in one year's time.

Technologist: Tina Kiernan, RT(R)(M)

Transcriptionist: DEP

Dictated Date: Mar 9 2001

Transcribe Date/Time: Mar 11 2001 1:14A

Read by: GLEN H. HATCHER, M.D.

PATIENT: TRIBBLE, WANDA R

30777778

09/26/1940

13715

7'99 22:07 FR JC MED

IDUNCON CLTY MEDICAL CENTER HOSPI

JOHNSON CITY MEDICAL CENTER HOSPITAL, INC. 400 STATE OF FRANKLIN ROAD, JOHNSON CITY, TN 37604-6094 Diagnostic imaging

MR #:

PT #:

DOB:

SEX: STATUS: CLASS:

RM/BED:

ORDERING PHYSICIAN:

LAWSON, ELIZABETH A

3 PROFESSIONAL PARK DR. #31

JOHNSON CITY, TN 37604

ATTENDING PHYSICIAN:

LAWSON, ELIZABETH A

3 PROFESSIONAL PARK DR. #31

JOHNSON CITY, TN 37604

CC PHYSICIAN:

**** F I N A L R E S U L T ****

PROCEDURE:

BST MAMMOGRAM LEFT

DATE: 01/06/1999 RMS ORDER NO: 90001 CPT4 CODE:76090

INDICATIONS: PERSONAL HISTORY OF BREAST CANCER

COMPARISON: 5-18-98, 4-5-96

FINDINGS: The breast tissue is extremely dense which lowers the sensitivity of mammography. Three punctate calcifications noted inferiorly and medially in the remaining left breast are stable. Some other scattered benign appearing calcifications are also noted. No new masses or suspicious calcifications are seen.

IMPRESSION:

ACR CATEGORY 1, NEGATIVE, No mammographic evidence of

malignancy.

RECOMMENDATIONS: Mammographic follow-up recommended in 1 year. A negative mammogram should not preclude biopsy of a clinically suspicious palpable abnormality.

TECHNOLOGIST: Charlene C. McConnell, RT R(M)

D: 01/06/99

T: 01/06/1999 16:09

BY: PJP

DICTATED BY:

GLYNDA RAMSEY, MD

PJP

ELECTRONICALLY SIGNED

1 / 1/5/45

JOHNSON CITY MEDICAL CENTER HOSPITAL, INC. 400 STATE OF FRANKLIN ROAD, JOHNSON CITY, IN 37604-6094 DIAGNOSTIC IMAGING

ORDERING PHYSICIAN;

TABOR, DAVID C

310 ST, OF FRANKLIN,

JOHNSON CITY, TN

ATTENDING PHYSICIAN: TABOR, DAVID C

310 ST. OF FRANKLIN.

PATIENT: TRIBBLE, WANDA R

MR #; 13715

PT #; 30695028

DOB:

09/26/1940

SEX;

STATUS: Α CLASS:

RM/DED:

JOHNSON CITY, IN CC PHYSICIAN;

***** FINAL RESULT ****

PROCEDURE:

NUC BONE SCAN

DATE: 07/13/1998

RMS ORDER NO: 90008 CPT4 CODE:78308

INDICATIONS: BREAST CANCER

COMPARISON:

NONE

FINDINGS: ; The study was performed with 25 millicuries of Technetium 99M-HDP. There, is normal uptake seen throughout the skeleton with no evidence of metastatic bone disease or other osseous abnormalities.

IMPRESSION IN Normal bone scan.

TECHNOLOGIST: CLS

7-13-98

07/14/1998 09:45

BY: EAG

DICTATED BY

SUE Y CHUNG, MD

EAG

ELECTRONICALLY SIGNED

Page 1 of 1

** TOTAL PAGE.001 **





JOHNSON CITY MEDICAL CENTER HOSPITAL, INC. 400 STATE OF FRANKLIN ROAD, JOHNSON CITY, TN 37604-6094 DIAGNOSTIC IMAGING

ORDERING PHYSICIAN:

TABOR, DAVID C

310 ST. OF FRANKLIN,

JOHNSON CITY, TN

PATIENT: TRIBBLE, WANDA R

MR #: 13715

PT #: 30699927

DOB: 09/26/1940

SEX: F

STATUS: A

CLASS: O

RM/BED:

ATTENDING PHYSICIAN:

TABOR, DAVID C

310 ST. OF FRANKLIN,

JOHNSON CITY, TN

CC PHYSICIAN:

**** FINAL RESULT ****

PROCEDURE: USD LIVER

DATE: 07/22/1998 RMS ORDER NO: 90010 CPT4 CODE:76705

INDICATIONS: POSSIBLE LIVER CYST

COMPARISON:

FINDINGS: Sonographic evaluation of the liver: With very close observation of the liver in different projections, we were just unable to identify an abnormal area of increased or decreased echogenicity. The liver is homogeneous from the ultrasound point of view. Incidental note is made of a normal appearing right kidney. The gallbladder is absent. The common bile duct is normal caliber. The pancreas is somewhat inhomogeneous. This could be still within the range of normal. No fluid was seen.

IMPRESSION:

- 1. We were unable to confirm any abnormal area of echogenicity related to the liver.
- Incidental note is made of a somewhat inhomogeneous pancreatic body.

In view of the inability to find the 5 mm suspected cystic change on ultrasound and particularly if there is any reason to suspect pancreatic pathology, CT imaging of the abdomen might well be of benefit for study later on, of course, depending upon your clinical evaluation.

TECHNOLOGIST: RGN

D: 07/22/98

T: 07/22/1998 19:13

Page 1 of 2

ORDERING DOCTOR COPY

07/22/1998 90010

 \Leftrightarrow

BY: BNK DICTATED BY:

JAMES W GIBSON, MD

JWG

ELECTRONICALLY SIGNED

Page 2 of 2

ORDERING DOCTOR COPY

No. 5645 P. 111/178 9260716 P101/02

JOHNSON CITY MEDICAL CENTER HOSPITAL, INC. 400 STATE OF FRANKLIN ROAD, JOHNSON CITY, TN 37604-6094 DIAGNOSTIC IMAGING

DRDERING PHYSICIAN:

ATTENDING PHYSICIAN:

TABOR, DAVID C

310 ST. OF FRANKLIN,

310 ST. OF FRANKLIN,

JOHNSON CITY, TN

TABOR, DAVID C

PATIENT: TRIBBLE, WANDA R

MR #:

13715 30699927

PT #: DOB:

09/26/1940

SEX:

Α

п

STATUS:

GLASS:

RM/BED:

JOHNSON CITY, TN

**** FINAL RESULT ****

PROCEDURE:

USD LIVER

DATE: 07/22/1998

CC PHYSICIAN:

RMS ORDER NO: 90010 CPT4 CODE:76705

INDICATIONS: POSSIBLE LIVER CYST

COMPARISON:

Sonographic evaluation of the liver: With very close FINDINGS: observation of the liver in different projections, we were just unable to identify an abnormal area of increased or decreased echogenicity. liver is homogeneous from the ultresound point of view. Incidental note is made of a normal appearing right kidney. The galibladder is absent, The common bile duct is normal caliber. The pancreas is somewhat inhomogeneous. This could be still within the range of normal. No fluid was seen.

IMPRESSION:

- We were unable to confirm any abnormal area of 1. echogenicity related to the liver.
- Incidental note is made of a somewhat inhomogeneous 2, pancreatic body.

In view of the inability to find the 5 mm suspected cystic change on ultresound and particularly if there is any reason to suspect pancreatic pathology. CT imaging of the abdomen might well be of benefit for study later on, of course, depending upon your clinical evaluation.

TECHNOLOGIST: RGN

D: 07/22/98

07/22/1999 19:13

Page 1 of 2

TRIBBLE, WANDA R 19715 07/22/1998 90010

BY: BNK DICTATED BY:

JAMES W GIBSON, MD

JWG

ELECTRONICALLY SIGNED

Page 2 of 2

** TOTAL PAGE.002 **

P. 113/178 No. 5645 r.01/02

JOHNSON CITY MEDICAL CENTER HOSPITAL, INC. 400 STATE OF FRANKLIN ROAD, JOHNSON CITY, IN 37604-6094 DIAGNOSTIC IMAGING

ORDERING PHYSICIAN:

TABOR, DAVID C

310 ST. OF FRANKLIN,

JOHNSON CITY, TH

ATTENDING PHYSICIAN:

TABOR, DAVID C

310 ST, OF FRANKLIN,

PATIENT: TRIBBLE, WANDA R

MR #: 13715

PT #: 30695820 DOB: 09/26/1940

SEX:

STATUS: Α CLASS: 0

RM/BED;

JOHNSON CITY, IN

CC PHYSICIAN:

**** F I NPAL RESULT ****

PROCEDURE: 🏋 NCT AÐDOMEN W/ CONTRAST

DATE: 07/13/1998 RMS ORDER NO: 90009 CPT4 CODE:

INDICATIONS Breast carcinoma.

COMPARISON None.

FINDINGS: K The lung bases are clear. Spiral contrasted images show a tiny low density 5.0 mm area in the right lobe of the liver posteriorly, This may be a tiny cyst with volume averaging; however it is indeterminate by CT criteria. No other liver lesions are appreciated. The spleen, adrenals, pancreas, and kidneys are normal. I see no periagric adenopathy and there is no free fluid or free air in the abdomen.

IMPRESSION !

5.0 mm low density area in the right lobe of the liver posteriorly. This is indeterminate by CT criteria and may represent a cyst with volume averaging or a solitary metastasis. This is not amenable to percutaneous biopsy. Otherwise, negative CT of the abdomen with contrast.

TECHNOLOGIST: VKP

D:

07/14/**(998** 07/14/**1998** 19:12 T:

BY: GRW

DICTATED BY

JUSE E PICAZA, MD

GRW

Page 1 of 2

Jul. 13. 2012 9:58AMR JC MED. CTR

P. 114/178 P.02/02 No. 5645 9260716

TRIBBLE, WANDA R 13715 07/13/1998 90009

ELECTRONICALLY SIGNED

Page 2 of 2



JOHNSON CITY MEDICAL CENTER HOSPITAL, INC. 400 STATE OF FRANKLIN ROAD, JOHNSON CITY, TN 37604-6094 DIAGNOSTIC IMAGING

ORDERING PHYSICIAN:

TABOR, DAVID C

310 ST. OF FRANKLIN,

JOHNSON CITY, TN

PATIENT: TRIBBLE, WANDA R

MR #: 13715

PT #: 30695820

DOB: 09/26/1940

SEX: F

STATUS: A

CLASS: 0

RM/BED:

ATTENDING PHYSICIAN:

TABOR, DAVID C

310 ST. OF FRANKLIN,

JOHNSON CITY, TN

**** FINAL RESULT ****

PROCEDURE: NCT ABDOMEN W/ CONTRAST

DATE: 07/13/1998 RMS ORDER NO: 90009 CPT4 CODE:

INDICATIONS: Breast carcinoma.

COMPARISON: None.

FINDINGS: The lung bases are clear. Spiral contrasted images show a tiny low density 5.0 mm area in the right lobe of the liver posteriorly. This may be a tiny cyst with volume averaging; however it is indeterminate by CT criteria. No other liver lesions are appreciated. The spleen, adrenals, pancreas, and kidneys are normal. I see no periaortic adenopathy and there is no free fluid or free air in the abdomen.

IMPRESSION: 5.0 mm low density area in the right lobe of the liver posteriorly. This is indeterminate by CT criteria and may represent a cyst with volume averaging or a solitary metastasis. This is not amenable to percutaneous biopsy. Otherwise, negative CT of the abdomen with contrast.

TECHNOLOGIST: VKP

D: 07/14/1998

T: 07/14/1998 19:12

BY: GRW

DICTATED BY:

JOSE E PICAZA, MD

GRW

Page 1 of 2

ORDERING DOCTOR COPY

No. 5645 P. 116/178



JOHNSON CITY MEDICAL CENTER HOSPITAL, INC. 400 STATE OF FRANKLIN ROAD, JOHNSON CITY, TN 37604-6094 DIAGNOSTIC IMAGING

ORDERING PHYSICIAN:

TABOR, DAVID C

310 ST. OF FRANKLIN,

JOHNSON CITY, IN

PATIENT: TRIBBLE, WANDA R

MR #:

13715

PT #;

30695028

DOB:

09/26/1940

SEX: F

STATUS: A

CLASS:

RM/BED:

ATTENDING PHYSICIAN:

TABOR, DAVID C

310 ST. OF FRANKLIN,

JOHNSON CITY, TN

CC PHYSICIAN:

***** FINAL RESULT ****

PROCEDURE:

NUC BONE SCAN

DATE: 07/13/1998

RMS ORDER NO: 90008

CPT4 CODE: 78306

INDICATIONS: BREAST CANCER

COMPARISON:

NONE

findings: The study was performed with 25 millicuries of Technetium 99M-HDP. There is normal uptake seen throughout the skeleton with no evidence of metastatic bone disease or other osseous abnormalities.

impression:

Normal bone scan.

TECHNOLOGIST: CLS

D: 7-13-98

T: 07/14/1998 09:45

BY: EAG

DICTATED BY:

SUE Y CHUNG, MD

EAG

ELECTRONICALLY SIGNED

Page 1 of 1

ORDERING DOCTOR COPY 11:30 AM

ignature patient/legal rep: Wanda A.

(If signed by other than patient, state relationship and authority to do so

WITNESS:

HIP MR 015 A Authorization for Release of PHI

Page 5 of 5



East Tennessee Hematology Oneology, P.C.

William R. Kincaid, M.D., P.A.C.P.

January 28, 2009

Ray Lamb M.D., F.A.C.P.

Frank Johnson, M.D. 301 Med Tech Pkwy Johnson City, TN 37604

Charles O. Famoyin, M.D., M.B.A. Re: Wanda Tribble

Dear Frank,

Suzanne Rogers MSN, FNP I write in follow up of Ms. Tribble, date of birth 9/26/40. Patient with a history of metachronous breast cancer, on Aromasin, who had a bone density in August of 2007, with a T score on her hip of -2 and T score on her spine of -6. She currently is on Aromasin which puts her at risk and has the asteopenia, on calcium and Vitamin D. It probably would be wise to repeat a bone density on this lady as people who are on treatment can be repeated annually. To avoid duplication, I am going to have it done through your office instead of mine.

As always, it is a pleasure working with you in the management of patients.

Warmest regards.

Sincerely,

JOHNSON CITY
310 N. State of Franklin Road
Suite 401
Johnson City, Tennessee 37604
(423) 926-3611
1-800-444-3601
Fax (423) 926-0716

Ray Lamb, M.D., F.A.C.P.

RL:Is

www.mcleodebc.com



McLeud Cancer & Blood Cencer

310 State of Franklin Road, Suite 410 Johnson City, TN 37604

Patient:

Tribble, Wanda

Birth Date: Height / Weight: Sex / Ethnic:

9/26/1940 66.8 years 61.0 In. 100,0 lbs.

Female White Facility 10:

Referring Physician:

Measured:

Lamb

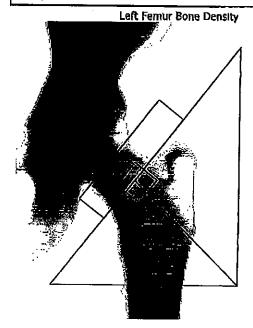
Analyzed:

8/8/2007

8/8/2007

1:13:42 PM 1:13:43 PM

(11.30)(11.30)



Densitometry Reference: Total BMD (g/cm²) YA T-Score 1.260 ·2 1.134 1.008 0 0.882 0.756 -2 0.630 -3 0.504 0.378 20 60 70 80 90 100 Age (years)

	1	2	3		
Region	BMD (g/cm²)	Young-Adult T-Score	Age-Matched Z-Score		
Tota)	0.759	-2.0	-0.2		

COMMENTS:

Image not for diagnosis

Printed; 8/8/2007 1:13:52 PM (11.30)76:3.00:50.00:12.0 0.00:10.56 0.60x1.05 14.5:%Fet=20.0% 0.00:0.00 0.00:0.00 Neck Angle (deg)≈ 52 Fliename: gwgmjb4p.dff Scan Mode: Standard 37.0 µGy

- 1 -Statistically 68% of repeat scans fall within 1SD (\$0.012 g/cm² for Left Femur Total)
- 2 NHANES (ages 20-30) / USA (ages 20-40) Femur Reference Population (v110)
- 3 Matched for Age, Weight (females 25-100 kg), Ethnic

McLeod Cancer & Blood Center

310 State of Franklin Road, Suite 410 Johnson City, TN 37604

Patlent: Birth Date:

Height / Weight:

Sex / Ethnic:

Tribble, Wanda

9/26/1940 66.8 years 61.0 in. 100.0 lbs.

Female White

Facility ID:

Referring Physician:

Measured: Analyzed: Lamb

8/8/2007 1:13:42 PM 8/8/2007 1:13:43 PM

(11.30) (11.30)

ANCILLARY RESULTS [Left Femur]

Region	BMD (g/cm²)	Уо ип (%)	g-Adult T-Score	Age-I (%)	3 Matched Z-Score	BMC (9)	Area (cm²)
Neck	0,787	76	-1.8	103	0,2	2 24	
Wards	0,587	64	-2.5	101	0.0	3.21	4.08
Troch	0.465	55	-3.4	71	1.6	1,09 3,50	1.85
Shaft	0.921	_	-	/ -	-1.0		7.54
Total	0.759	75	-2.0	96	-0.2	11.89 18,61	12.91 24.53

^{1 -}Statistically 68% of repeat scans fall within 1SD (± 0.012 g/cm² for Left Fernur Total)

Z -NHANES (ages 20-30) / USA (ages 20-40) Femur Reference Population (v110)

^{3 -}Matched for Age, Weight (females 25-100 kg), Ethnic Filename; gwgmjb4p.dff